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

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AMA
AMERICAN MEDICAL ASSOCIATION

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t (312) 464-5000

October 29, 2015

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. If implemented, the RUC recommendations should result in a positive adjustment to the Medicare conversion factor.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the October 2015 RUC meeting. As this is now the second year in which RUC recommendations for new and revised codes were sent prior to the May RUC submission, the following analysis will showcase not just the existing services, resulting from the potentially misvalued code initiative, but also the new/revised codes which were approved by the CPT Editorial Panel.

CPT 2016/2017 New and Revised Codes – *October 2015 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 54 new/revised/related family CPT codes at the October 2015 meeting.

- 20 codes (Reflectance Confocal Microscopy and Percutaneous Biliary Procedures) are new/revised codes for *CPT 2016.*
- 34 codes are new/revised/family codes for *CPT 2017.*

The RUC submits work value and/or practice expense inputs for 54 new/ revised/related family CPT codes.

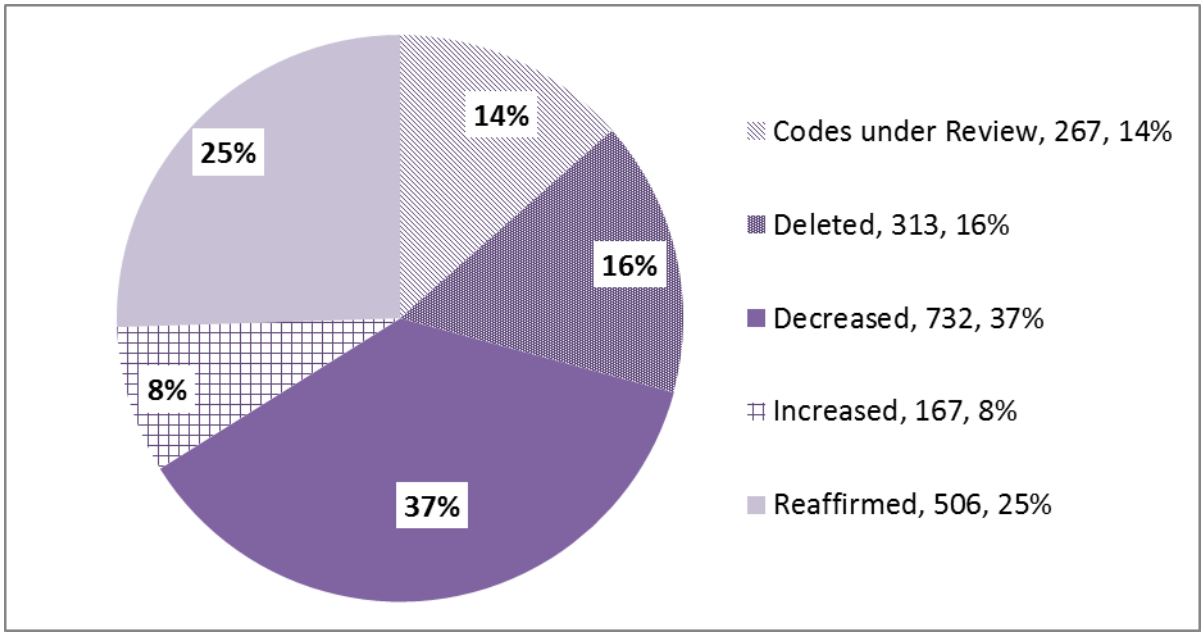
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 4 services identified by the RUC or CMS as potentially misvalued and reviewed at the October 2015 RUC meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 1,985 potentially misvalued services through objective screening criteria and has completed review of 1,718 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Table 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.*

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



Source: American Medical Association

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 1,985 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 October 2015 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.

- 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.

<u>Practice Expense Modification to Emergent Procedures</u>

At the October 2015 RUC meeting, the Practice Expense (PE) Subcommittee discussed the services determined to be emergent based on the criteria developed by the Emergent Procedures Workgroup. The Workgroup recommended, and the PE Subcommittee and RUC agreed, that the **pre-service clinical staff time for the following 6 codes be reduced to 0 minutes, as is standard for 000 and 010 day globals.**

43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	000
65220	Removal of foreign body, external eye; corneal, without slit lamp	000
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	010
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	010
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	010
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	010

Additionally, specialties have been requested to review 15 individual services that were found to be emergent and develop practice expense pre-service clinical staff time recommendations for consideration at the January 2016 RUC meeting. Also, 34 codes describing closed treatment of fractures have been

referred to the Relativity Assessment Workgroup to determine next steps in coding/valuation for 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: Edith Hambrick, MD
Ryan Howe
Steve Phurrough, MD
Chava Sheffield
Michael Soracoe
Marge Watchorn
RUC Participants

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October 29, 2015

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 October 2015 meeting, the HCPAC reviewed one issue, Physical Medicine Rehabilitation Evaluation Services (CPT codes 97X61-97X68). 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 Susan Clark (202) 789-7495 or Susan.Clark@ama-assn.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 2016/2017 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
008XXT3		N	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
0171T		D	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
0172T		D	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
043XXT4		N	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
22840	ZZZ	F	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device	A1	Oct15	7	AAOS, NASS, AANS, CNS				☑	Survey for January 2016	☐
228X0	ZZZ	N	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device	A3	Oct15	7	AAOS, NASS, AANS, CNS				☑	Survey for January 2016	☐
228XX	090	N	May15	9	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device	A2	Oct15	7	AAOS, NASS, AANS, CNS				☑	Survey for January 2016	☐
31575	000	R	May15	9	Flexible Laryngoscopy	B3	Oct15	8	AAO-HNS	1.00	1.00		☑		☐
31576	000	R	May15	9	Flexible Laryngoscopy	B4	Oct15	8	AAO-HNS	1.95	1.95		☑		☐

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
31577	000	R	May15	9	Flexible Laryngoscopy	B5	Oct15	8	AAO-HNS	2.25	2.25		☑		☐
31578	000	R	May15	9	Flexible Laryngoscopy	B6	Oct15	8	AAO-HNS	2.49	2.49		☑		☐
31579	000	R	May15	9	Flexible Laryngoscopy	B10	Oct15	8	AAO-HNS	1.94	1.94		☑		☐
315X1	000	N	May15	9	Flexible Laryngoscopy	B7	Oct15	8	AAO-HNS	3.07	3.07		☑		☐
315X2	000	N	May15	9	Flexible Laryngoscopy	B8	Oct15	8	AAO-HNS	2.49	2.49		☑		☐
315X3	000	N	May15	9	Flexible Laryngoscopy	B9	Oct15	8	AAO-HNS	2.49	2.49		☑		☐
36440	XXX	F	May15	9	Partial Exchange Transfusion	C2	Oct15	9	AAP				☑	Survey for January 2016	☐
36450	XXX	F	May15	9	Partial Exchange Transfusion	C3	Oct15	9	AAP				☑	Survey for January 2016	☐
36455	XXX	F	May15	9	Partial Exchange Transfusion	C4	Oct15	9	AAP				☑	Survey for January 2016	☐
36460	XXX	F	May15	9	Partial Exchange Transfusion	C5	Oct15	9	AAP				☑	Survey for January 2016	☐
364X1	XXX	N	May15	9	Partial Exchange Transfusion	C1	Oct15	9	AAP				☑	Survey for January 2016	☐
47531	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U1	Oct15	4	ACR, SIR	1.50	1.30		☑		☐
47532	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U2	Oct15	4	ACR, SIR	4.50	4.50		☑		☐
47533	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U3	Oct15	4	ACR, SIR	6.29	5.63		☑		☐
47534	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U4	Oct15	4	ACR, SIR	8.58	7.85		☑		☐
47535	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U5	Oct15	4	ACR, SIR	4.20	4.20		☑		☐
47536	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U6	Oct15	4	ACR, SIR	3.06	2.86		☑		☐

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
47537	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U7	Oct15	4	ACR, SIR	1.84	1.84		☑		☐
47538	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U8	Oct15	4	ACR, SIR	5.45	5.00		☑		☐
47539	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U9	Oct15	4	ACR, SIR	9.00	9.00		☑		☐
47540	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U10	Oct15	4	ACR, SIR	11.00	9.28		☑		☐
47541	000	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U11	Oct15	4	ACR, SIR	7.00	7.00		☑		☐
47542	ZZZ	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U12	Oct15	4	ACR, SIR	2.97	2.85		☑		☐
47543	ZZZ	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U13	Oct15	4	ACR, SIR	3.00	3.00		☑		☐
47544	ZZZ	N	Feb15	16	Percutaneous Biliary Procedures Bundling	U14	Oct15	4	ACR, SIR	3.95	3.28		☑		☐
62310	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
62311	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
62318	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
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		☑		☐

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
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		☑		☐
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		☑		☐
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		☑		☐
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		☑		☐
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		☑		☐

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
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		☑		☐
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		☑		☐
67101	010	R	May15	21	Retinal Detachment Repair	E1	Oct15	11	AAO, ASRS	3.50	3.50		☑		☐
67105	010	R	May15	21	Retinal Detachment Repair	E2	Oct15	11	AAO, ASRS	3.84	3.84		☑		☐
767X1	XXX	N	May15	23	Abdominal Aorta Ultrasound Screening	F1	Oct15	12	ACR, SIR, SVS	0.55	0.55		☑		☐
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		☑		☐
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		☑		☐

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
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		☑		☐
92612	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		1.27	1.27	Yes	☑		☐
92613	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		0.71	0.71	Yes	☑		☐
92614	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		1.27	1.27	Yes	☑		☐
92615	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		0.63	0.63	Yes	☑		☐
92616	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		1.88	1.88	Yes	☑		☐
92617	XXX	R	May15	9	Flexible Laryngoscopy		Oct15	8		0.79	0.79	Yes	☑		☐
96931	XXX	N	Feb15	33	Reflectance Confocal Microscopy	BB1	Oct15	6	AAD	0.80	0.80		☑		☑
96932	XXX	N	Feb15	33	Reflectance Confocal Microscopy	BB2	Oct15	6	AAD				☑	PE Inputs Recommendations Only	☑
96933	XXX	N	Feb15	33	Reflectance Confocal Microscopy	BB3	Oct15	6	AAD	0.80	0.80		☑		☑
96934	ZZZ	N	Feb15	33	Reflectance Confocal Microscopy	BB4	Oct15	6	AAD	0.76	0.76		☑		☑
96935	ZZZ	N	Feb15	33	Reflectance Confocal Microscopy	BB5	Oct15	6	AAD				☑	PE Inputs Recommendations Only	☑
96936	ZZZ	N	Feb15	33	Reflectance Confocal Microscopy	BB6	Oct15	6	AAD	0.76	0.76		☑		☑
99143	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99144	XXX	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
99145	ZZZ	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99148	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99149	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99150	ZZZ	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		☑		☐
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		☑		☐

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	☐
991X6	ZZZ	N	Feb15	90	Moderate Sedation Services	II6	Oct15	14	ACEP and AAP	1.25	1.25		☑		☐

CPT 2017 HCPAC 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
97001	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97002	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97003	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97004	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97005	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97006	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑		☐
97X61	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH1	HCPAC	17	APTA	0.75	0.75		☑		☐
97X62	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH2	HCPAC	17	APTA	1.18	1.18		☑		☐
97X63	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH3	HCPAC	17	APTA	1.50	1.50		☑		☐
97X64	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH4	HCPAC	17	APTA	0.85	0.75		☑		☐
97X65	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH5	HCPAC	17	AOTA	0.93	0.88		☑		☐
97X66	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH6	HCPAC	17	AOTA	1.20	1.20		☑		☐

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
97X67	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH7	HCPAC	17	AOTA	1.70	1.70		☑		☐
97X68	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH8	HCPAC	17	AOTA	0.80	0.80		☑		☐
97X69		N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC						☐	Not on MFS	☐
97X70		N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC						☐	Not on MFS	☐
97X71		N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC						☐	Not on MFS	☐
97X72		N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC						☐	Not on MFS	☐

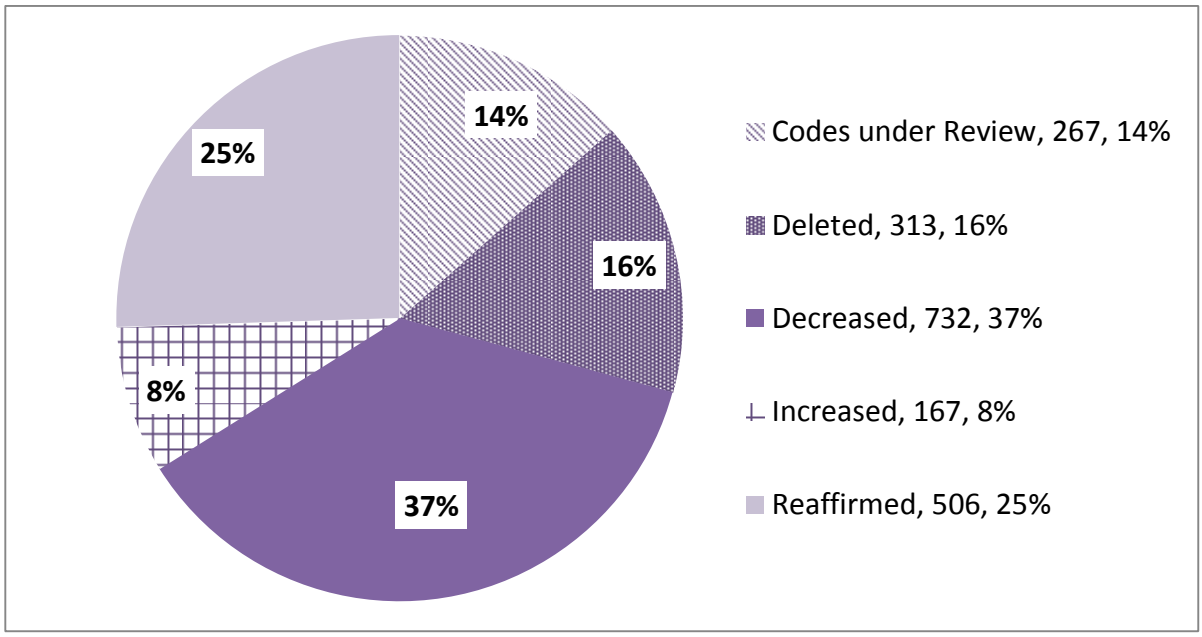
RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes October 2015				
CPT Code	**Descriptor**	**RUC Recommendation**	**CMS Request from Final Rule**	**New Technology/ New Services**
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	0.30		X
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	0.40		X
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	0.45		X
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	4.00	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 nearly 2,000 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 1,985 potentially misvalued services accounting for $39 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,045 services, redistributing more than $3.5 billion. Here are the outcomes for the committee's review of 1,985 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 510 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 221 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 resulting in the identification of 23 services and the Relativity Assessment Workgroup will review action plans for these services to determine if the growth is appropriate.

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 47 services to include the family of services. The CPT Editorial Panel deleted eight codes identified under this screen. The RUC referred 10 services to the CPT® Editorial Panel and submitted 36 recommendations to CMS for the 2015 and 2016 Medicare Physician Payment Schedules. The RUC will review one service 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 146 total

codes under review, the CPT® Editorial Panel deleted 47 services and is scheduled to review 17 codes in the 2016 cycle. The RUC has submitted 82 code recommendations for the 2014-2016 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.

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 18 codes and will review 11 codes for the 2017 cycle. The RUC submitted 116 recommendations to CMS for the 2013-2016 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 21 of these services be removed because they have been recently reviewed or do not meet the query criteria. The RUC will review the services indicated in the Final Rule for 2016, for the 2018 Medicare Physician Payment schedule.

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. 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 21 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 20 services for the 2015-2016 Medicare Physician Payment Schedule.

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 RUC referred 16 services to the CPT® Editorial Panel, seven of which were deleted. The RUC submitted recommendations for 15 services for the 2015-2016 Medicare Physician Payment Schedule.

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 Relativity Assessment Workgroup will review these services to determine if a level 4 office visit is appropriate. The RUC noted that this screen will be complete after the server 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 25 services for the 2014-2016 Medicare Physician Payment Schedules. The RUC referred three services to the CPT® Editorial Panel for revision and 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 88 services, at the October 2013 RUC meeting and noted that two services identified were recently reviewed and recommendations were submitted for the 2014 Medicare Payment Schedule. The RUC referred three services to the CPT® Editorial Panel for consideration to delete. The RUC submitted recommendations to CMS for 82 services for the 2015 and 2016 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 32 services to include additional codes as part of this family. The CPT Editorial Panel deleted five services and will review 14 additional services. The RUC submitted 14 recommendations for the 2016 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*	**1,985**
Codes Completed	**1,718**
Work and PE Maintained	506
Work Increased	167
Work Decreased	616
Direct Practice Expense Revised (beyond work changes)	116
Deleted from CPT®	313
Codes Under Review	**267**
Referred to CPT® Editorial Panel	95
RUC to Review October 2015	126
RUC future review after additional data obtained	46

**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 in $3.5 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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 1,294,597

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: **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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 1,600,534

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: **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 Est Medicare Utilization:** 23,293

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 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:**

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACR, SIR, CAP, ACR, ASC **First Identified:** October 2008 **2014 Est Medicare Utilization:** 188,550

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2015 NF PE RVU:** 2.60
2007 Fac PE RVU 0.4 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 7,429

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 18.76
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 31,660

2007 Work RVU: 1.19 **2015 Work RVU:** 1.21
2007 NF PE RVU: 1.09 **2015 NF PE RVU:** 1.50
2007 Fac PE RVU 0.84 **2015 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 Est Medicare Utilization:** 446,051

2007 Work RVU: 1.19 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2015 NF PE RVU:** 1.97
2007 Fac PE RVU 0.97 **2015 Fac PE RVU:** 1.42

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 168,408

2007 Work RVU: 2.42 **2015 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2015 NF PE RVU:** 3.10
2007 Fac PE RVU 1.51 **2015 Fac PE RVU:** 2.38

RUC Recommendation: 2.45 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 43,341

2007 Work RVU: 1.23 **2015 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU 0.97 **2015 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 Est Medicare Utilization:** 11,715

2007 Work RVU: 2.27 **2015 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2015 NF PE RVU:** 4.19
2007 Fac PE RVU 1.94 **2015 Fac PE RVU:** 2.33

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 0.56 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2015 Work RVU:**
2007 NF PE RVU: 0.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.3 **2015 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:**

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 Est Medicare Utilization:** 1,486,697

2007 Work RVU: 0.80 **2015 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2015 NF PE RVU:** 2.18
2007 Fac PE RVU 0.39 **2015 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 Est Medicare Utilization:** 237,668

2007 Work RVU: 3.04 **2015 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2015 NF PE RVU:** 3.38
2007 Fac PE RVU 2.62 **2015 Fac PE RVU:** 1.37

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 59,947

2007 Work RVU: 4.11 **2015 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2015 NF PE RVU:** 4.19
2007 Fac PE RVU 3.73 **2015 Fac PE RVU:** 1.91

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 Est Medicare Utilization:** 257,577

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.60
2007 Fac PE RVU **2015 Fac PE RVU:** 0.18

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Increase

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

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 Est Medicare Utilization:** 112,099

2007 Work RVU: **2015 Work RVU:** 1.03
2007 NF PE RVU: **2015 NF PE RVU:** 0.87
2007 Fac PE RVU **2015 Fac PE RVU:** 0.40

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 24,434

2007 Work RVU: **2015 Work RVU:** 1.80
2007 NF PE RVU: **2015 NF PE RVU:** 1.39
2007 Fac PE RVU **2015 Fac PE RVU:** 0.72

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 Est Medicare Utilization:** 886,641

2007 Work RVU: 0.43 **2015 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU 0.16 **2015 Fac PE RVU:** 0.09

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

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

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 Est Medicare Utilization:** 1,933,792

2007 Work RVU: 0.61 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2015 NF PE RVU:** 1.12
2007 Fac PE RVU 0.22 **2015 Fac PE RVU:** 0.12

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

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 Est Medicare Utilization:** 375,747

2007 Work RVU: 0.79 **2015 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 1.16
2007 Fac PE RVU 0.28 **2015 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: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Est Medicare Utilization:** 3,226,157

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:** 0.48

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

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

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: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Est Medicare Utilization:** 1,401,669

2007 Work RVU: 0.41 **2015 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.46
2007 Fac PE RVU 0.2 **2015 Fac PE RVU:** 0.25

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 90,678

2007 Work RVU: 0.51 **2015 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 2.07
2007 Fac PE RVU 0.21 **2015 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 Est Medicare Utilization:** 182,259

2007 Work RVU: 0.85 **2015 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:** 0.52

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

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

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 Est Medicare Utilization:** 111,272

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2015 NF PE RVU:** 2.79
2007 Fac PE RVU 0.47 **2015 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 Est Medicare Utilization:** 15,709

2007 Work RVU: 1.24 **2015 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2015 NF PE RVU:** 2.98
2007 Fac PE RVU 0.53 **2015 Fac PE RVU:** 0.71

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 113,266

2007 Work RVU: 0.67 **2015 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU 0.26 **2015 Fac PE RVU:** 0.25

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 Est Medicare Utilization:** 96,373

2007 Work RVU: 0.99 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU 0.41 **2015 Fac PE RVU:** 0.42

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

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

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 Est Medicare Utilization:** 52,151

2007 Work RVU: 1.14 **2015 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU 0.49 **2015 Fac PE RVU:** 0.56

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 Est Medicare Utilization:** 13,294

2007 Work RVU: 1.41 **2015 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.66
2007 Fac PE RVU 0.58 **2015 Fac PE RVU:** 0.51

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 81,559

2007 Work RVU: 0.73 **2015 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.32 **2015 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 Est Medicare Utilization:** 109,272

2007 Work RVU: 1.05 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU 0.49 **2015 Fac PE RVU:** 0.64

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

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

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 Est Medicare Utilization:** 52,158

2007 Work RVU: 1.20 **2015 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2015 NF PE RVU:** 3.05
2007 Fac PE RVU 0.56 **2015 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 Est Medicare Utilization:** 5,976

2007 Work RVU: 1.62 **2015 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2015 NF PE RVU:** 3.32
2007 Fac PE RVU 0.73 **2015 Fac PE RVU:** 0.96

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 1,188,234

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.21
2007 Fac PE RVU 0.07 **2015 Fac PE RVU:** 0.04

RUC Recommendation: 0.17

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 2,159,194

2007 Work RVU: 0.32 **2015 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2015 NF PE RVU:** 0.57
2007 Fac PE RVU 0.11 **2015 Fac PE RVU:** 0.08

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 7,449,818

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2015 NF PE RVU:** 0.69
2007 Fac PE RVU 0.2 **2015 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 (Interim)

CPT Action (if applicable):

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

Result: Maintain

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

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APMA

First Identified: July 2015

2014 Est Medicare Utilization: 469,138

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.11 **2015 NF PE RVU:** 1.62
2007 Fac PE RVU 0.4 **2015 Fac PE RVU:** 0.27

RUC Recommendation:

CPT Action (if applicable):

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 209,873

2007 Work RVU: 2.40 **2015 Work RVU:** 2.50
2007 NF PE RVU: 2.37 **2015 NF PE RVU:** 3.62
2007 Fac PE RVU 1.79 **2015 Fac PE RVU:** 2.26

RUC Recommendation: 1.99

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

Result: Decrease

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?** No

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

First Identified: January 2014 **2014 Est Medicare Utilization:** 1,449

2007 Work RVU: 3.48 **2015 Work RVU:** 3.63
2007 NF PE RVU: 3.28 **2015 NF PE RVU:** 5.14
2007 Fac PE RVU 2.95 **2015 Fac PE RVU:** 3.45

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 196,714

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU 0.22 **2015 Fac PE RVU:** 0.31

RUC Recommendation: 0.52

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

Result: Maintain

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 Est Medicare Utilization:** 62,378

2007 Work RVU: 0.80 **2015 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 1.07
2007 Fac PE RVU 0.37 **2015 Fac PE RVU:** 0.48

RUC Recommendation: 0.80

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 33,198

2007 Work RVU: 1.48 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2015 NF PE RVU:** 1.44
2007 Fac PE RVU 0.55 **2015 Fac PE RVU:** 0.39

RUC Recommendation: 1.10

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 12,743

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU 0.66 **2015 Fac PE RVU:** 0.64

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

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 Est Medicare Utilization: 3,667

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 2.45
2007 Fac PE RVU 0.81 **2015 Fac PE RVU:** 0.80

RUC Recommendation: Remove from screen

CPT Action (if applicable):

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

Result: Remove from Screen

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 Est Medicare Utilization: 2,770

2007 Work RVU: 3.30 **2015 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2015 NF PE RVU:** 2.58
2007 Fac PE RVU 1.44 **2015 Fac PE RVU:** 1.26

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

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 Est Medicare Utilization:** 180,318

2007 Work RVU: 1.72 **2015 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 0.76 **2015 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 Est Medicare Utilization:** 140,914

2007 Work RVU: 1.88 **2015 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2015 NF PE RVU:** 1.79
2007 Fac PE RVU 0.89 **2015 Fac PE RVU:** 0.38

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

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

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 Est Medicare Utilization:** 21,758

2007 Work RVU: 2.26 **2015 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2015 NF PE RVU:** 1.99
2007 Fac PE RVU 0.99 **2015 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 Est Medicare Utilization:** 5,882

2007 Work RVU: 2.88 **2015 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.17 **2015 Fac PE RVU:** 0.58

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,129

2007 Work RVU: 3.68 **2015 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2015 NF PE RVU:** 2.90
2007 Fac PE RVU 1.46 **2015 Fac PE RVU:** 0.71

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 Est Medicare Utilization:** 421

2007 Work RVU: 4.13 **2015 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2015 NF PE RVU:** 3.19
2007 Fac PE RVU 1.73 **2015 Fac PE RVU:** 0.93

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

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

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 Est Medicare Utilization:** 87,177

2007 Work RVU: 1.78 **2015 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2015 NF PE RVU:** 1.88
2007 Fac PE RVU 0.78 **2015 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 Est Medicare Utilization:** 50,060

2007 Work RVU: 2.01 **2015 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.92 **2015 Fac PE RVU:** 0.39

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,631

2007 Work RVU: 2.48 **2015 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.22
2007 Fac PE RVU 1.04 **2015 Fac PE RVU:** 0.46

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 Est Medicare Utilization:** 3,255

2007 Work RVU: 3.21 **2015 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU 1.22 **2015 Fac PE RVU:** 0.55

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

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

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 Est Medicare Utilization:** 498

2007 Work RVU: 3.94 **2015 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU 1.47 **2015 Fac PE RVU:** 0.74

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 Est Medicare Utilization:** 70

2007 Work RVU: 4.72 **2015 Work RVU:** 3.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2015 Fac PE RVU:** 0.71

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 27

2007 Work RVU: 5.54 **2015 Work RVU:** 3.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2015 Fac PE RVU:** 0.79

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

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

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 Est Medicare Utilization:** 57,086

2007 Work RVU: 2.17 **2015 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2015 NF PE RVU:** 4.39
2007 Fac PE RVU 1.17 **2015 Fac PE RVU:** 2.09

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 Est Medicare Utilization:** 229,993

2007 Work RVU: 2.49 **2015 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2015 NF PE RVU:** 5.67
2007 Fac PE RVU 1.92 **2015 Fac PE RVU:** 2.71

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 21,861

2007 Work RVU: 2.94 **2015 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2015 NF PE RVU:** 5.37
2007 Fac PE RVU 1.59 **2015 Fac PE RVU:** 2.50

RUC Recommendation: 2.97

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

Result: Maintain

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 Est Medicare Utilization:** 4,493

2007 Work RVU: 3.44 **2015 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2015 NF PE RVU:** 6.71
2007 Fac PE RVU 2.14 **2015 Fac PE RVU:** 2.81

RUC Recommendation: 3.60

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

Result: Increase

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 Est Medicare Utilization:** 1,095

2007 Work RVU: 4.06 **2015 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2015 NF PE RVU:** 6.86
2007 Fac PE RVU 2.47 **2015 Fac PE RVU:** 2.99

RUC Recommendation: 4.50

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 503

2007 Work RVU: 4.68 **2015 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2015 NF PE RVU:** 7.69
2007 Fac PE RVU 2.88 **2015 Fac PE RVU:** 3.50

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

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

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 Est Medicare Utilization:** 19,176

2007 Work RVU: 2.39 **2015 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2015 NF PE RVU:** 4.42
2007 Fac PE RVU 1.29 **2015 Fac PE RVU:** 2.09

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 Est Medicare Utilization:** 47,163

2007 Work RVU: 2.76 **2015 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2015 NF PE RVU:** 4.97
2007 Fac PE RVU 1.63 **2015 Fac PE RVU:** 2.56

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,134

2007 Work RVU: 3.16 **2015 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU 1.69 **2015 Fac PE RVU:** 2.52

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

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

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 Est Medicare Utilization:** 334

2007 Work RVU: 3.65 **2015 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2015 NF PE RVU:** 7.08
2007 Fac PE RVU 2.23 **2015 Fac PE RVU:** 3.45

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 Est Medicare Utilization:** 71

2007 Work RVU: 4.26 **2015 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2015 NF PE RVU:** 8.34
2007 Fac PE RVU 2.64 **2015 Fac PE RVU:** 3.62

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 40

2007 Work RVU: 4.66 **2015 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2015 NF PE RVU:** 10.05
2007 Fac PE RVU 2.95 **2015 Fac PE RVU:** 5.01

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

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

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 Est Medicare Utilization:** 58,323

2007 Work RVU: 2.49 **2015 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 4.61
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 2.25

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 Est Medicare Utilization:** 78,374

2007 Work RVU: 2.81 **2015 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2015 NF PE RVU:** 5.02
2007 Fac PE RVU 1.72 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 8,931

2007 Work RVU: 3.14 **2015 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2015 NF PE RVU:** 6.12
2007 Fac PE RVU 1.68 **2015 Fac PE RVU:** 2.61

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

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

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 Est Medicare Utilization:** 2,746

2007 Work RVU: 3.47 **2015 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2015 NF PE RVU:** 6.36
2007 Fac PE RVU 1.74 **2015 Fac PE RVU:** 2.51

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 Est Medicare Utilization:** 368

2007 Work RVU: 4.44 **2015 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2015 NF PE RVU:** 8.25
2007 Fac PE RVU 2.13 **2015 Fac PE RVU:** 3.45

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 63

2007 Work RVU: 5.25 **2015 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2015 NF PE RVU:** 7.93
2007 Fac PE RVU 2.89 **2015 Fac PE RVU:** 3.83

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

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

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 Est Medicare Utilization:** 18

2007 Work RVU: 5.97 **2015 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2015 NF PE RVU:** 9.48
2007 Fac PE RVU 3.53 **2015 Fac PE RVU:** 3.85

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 Est Medicare Utilization:** 5,463

2007 Work RVU: 3.14 **2015 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2015 NF PE RVU:** 6.01
2007 Fac PE RVU 2.35 **2015 Fac PE RVU:** 2.48

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 75,437

2007 Work RVU: 3.93 **2015 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2015 NF PE RVU:** 7.17
2007 Fac PE RVU 2.77 **2015 Fac PE RVU:** 3.25

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 Est Medicare Utilization:** 18,941

2007 Work RVU: 1.24 **2015 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2015 NF PE RVU:** 2.00
2007 Fac PE RVU 0.57 **2015 Fac PE RVU:** 0.69

RUC Recommendation: 1.24 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 9,285

2007 Work RVU: 3.32 **2015 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2015 NF PE RVU:** 6.18
2007 Fac PE RVU 2.41 **2015 Fac PE RVU:** 3.08

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

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

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 Est Medicare Utilization:** 136,242

2007 Work RVU: 4.36 **2015 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2015 NF PE RVU:** 7.49
2007 Fac PE RVU 3.02 **2015 Fac PE RVU:** 3.11

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

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 20,353

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 2.11
2007 Fac PE RVU 0.63 **2015 Fac PE RVU:** 0.79

RUC Recommendation: Refer to CPT Assistant. 1.44

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Result: Maintain

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 Est Medicare Utilization:** 37,147

2007 Work RVU: 3.80 **2015 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2015 NF PE RVU:** 6.62
2007 Fac PE RVU 2.74 **2015 Fac PE RVU:** 2.92

RUC Recommendation: 3.73

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

Result: Decrease

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 Est Medicare Utilization:** 235,448

2007 Work RVU: 6.48 **2015 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 8.01
2007 Fac PE RVU 4.38 **2015 Fac PE RVU:** 3.56

RUC Recommendation: 4.78

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13,285

2007 Work RVU: 2.19 **2015 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2015 NF PE RVU:** 2.55
2007 Fac PE RVU 1.02 **2015 Fac PE RVU:** 1.26

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 Est Medicare Utilization:**

2007 Work RVU: 3.82 **2015 Work RVU:**
2007 NF PE RVU: 4.83 **2015 NF PE RVU:**
2007 Fac PE RVU 2.76 **2015 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 Est Medicare Utilization:** 33,166

2007 Work RVU: 4.46 **2015 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2015 NF PE RVU:** 6.97
2007 Fac PE RVU 3.17 **2015 Fac PE RVU:** 3.27

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 Est Medicare Utilization:** 48,697

2007 Work RVU: 6.34 **2015 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 8.23
2007 Fac PE RVU 4.03 **2015 Fac PE RVU:** 3.88

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 Est Medicare Utilization:** 982

2007 Work RVU: 2.38 **2015 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2015 NF PE RVU:** 2.76
2007 Fac PE RVU 1.11 **2015 Fac PE RVU:** 1.33

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 Est Medicare Utilization:** 8,696

2007 Work RVU: 6.83 **2015 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2015 NF PE RVU:** 10.21
2007 Fac PE RVU 5.63 **2015 Fac PE RVU:** 6.95

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 Est Medicare Utilization:** 8,853

2007 Work RVU: 9.60 **2015 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2015 NF PE RVU:** 12.38
2007 Fac PE RVU 7.22 **2015 Fac PE RVU:** 8.44

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 Est Medicare Utilization:** 19,945

2007 Work RVU: 7.66 **2015 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2015 NF PE RVU:** 11.39
2007 Fac PE RVU 6.64 **2015 Fac PE RVU:** 7.93

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 Est Medicare Utilization:** 18,447

2007 Work RVU: 11.18 **2015 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2015 NF PE RVU:** 13.49
2007 Fac PE RVU 8.41 **2015 Fac PE RVU:** 9.38

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 Est Medicare Utilization:** 72,943

2007 Work RVU: 8.44 **2015 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2015 NF PE RVU:** 11.75
2007 Fac PE RVU 7.17 **2015 Fac PE RVU:** 8.28

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 Est Medicare Utilization:** 42,752

2007 Work RVU: 12.67 **2015 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2015 NF PE RVU:** 14.34
2007 Fac PE RVU 8.88 **2015 Fac PE RVU:** 9.89

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 Est Medicare Utilization:** 92,031

2007 Work RVU: 9.07 **2015 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2015 NF PE RVU:** 11.48
2007 Fac PE RVU 7.39 **2015 Fac PE RVU:** 8.75

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 Est Medicare Utilization:** 27,804

2007 Work RVU: 13.67 **2015 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2015 NF PE RVU:** 15.63
2007 Fac PE RVU 9.72 **2015 Fac PE RVU:** 10.71

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 Est Medicare Utilization:**

2007 Work RVU: 13.26 **2015 Work RVU:**
2007 NF PE RVU: 11.77 **2015 NF PE RVU:**
2007 Fac PE RVU 9.28 **2015 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 Est Medicare Utilization:** 28,695

2007 Work RVU: **2015 Work RVU:** 12.65
2007 NF PE RVU: **2015 NF PE RVU:** 15.94
2007 Fac PE RVU **2015 Fac PE RVU:** 10.66

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 Est Medicare Utilization:** 21,986

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.01
2007 Fac PE RVU **2015 Fac PE RVU:** 2.01

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 Est Medicare Utilization:** 18,279

2007 Work RVU: 3.65 **2015 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2015 NF PE RVU:** 5.57
2007 Fac PE RVU 1.65 **2015 Fac PE RVU:** 2.25

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 Est Medicare Utilization:** 23,056

2007 Work RVU: 4.58 **2015 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 1.97 **2015 Fac PE RVU:** 2.60

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

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 15,757

2007 Work RVU: 9.74 **2015 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2015 NF PE RVU:** 12.66
2007 Fac PE RVU 7.57 **2015 Fac PE RVU:** 8.78

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

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 10,360

2007 Work RVU: 10.96 **2015 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2015 NF PE RVU:** 12.37
2007 Fac PE RVU 7.71 **2015 Fac PE RVU:** 8.21

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

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 Est Medicare Utilization:**

2007 Work RVU: 5.99 **2015 Work RVU:**
2007 NF PE RVU: 3.79 **2015 NF PE RVU:**
2007 Fac PE RVU 2.37 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.55 **2015 Work RVU:**
2007 NF PE RVU: 0.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.6 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 7.99 **2015 Work RVU:**
2007 NF PE RVU: 5.4 **2015 NF PE RVU:**
2007 Fac PE RVU 3.96 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.45 **2015 Work RVU:**
2007 NF PE RVU: 1.1 **2015 NF PE RVU:**
2007 Fac PE RVU 0.95 **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:** 8,688

2007 Work RVU: 7.95 **2015 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2015 NF PE RVU:** 12.49
2007 Fac PE RVU 6.69 **2015 Fac PE RVU:** 8.25

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 13,149

2007 Work RVU: 10.15 **2015 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2015 NF PE RVU:** 14.48
2007 Fac PE RVU 8.2 **2015 Fac PE RVU:** 10.93

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

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

Result: Maintain

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 Est Medicare Utilization:** 62,265

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 2.28
2007 Fac PE RVU **2015 Fac PE RVU:** 0.72

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 Est Medicare Utilization:** 8,846

2007 Work RVU: **2015 Work RVU:** 0.33
2007 NF PE RVU: **2015 NF PE RVU:** 0.39
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 4,145

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** 4.32
2007 Fac PE RVU **2015 Fac PE RVU:** 1.71

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 Est Medicare Utilization:** 23,810

2007 Work RVU: **2015 Work RVU:** 0.80
2007 NF PE RVU: **2015 NF PE RVU:** 1.06
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 72,219

2007 Work RVU: **2015 Work RVU:** 1.83
2007 NF PE RVU: **2015 NF PE RVU:** 2.22
2007 Fac PE RVU **2015 Fac PE RVU:** 0.75

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 Est Medicare Utilization:** 4,300

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.42
2007 Fac PE RVU **2015 Fac PE RVU:** 0.16

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 Est Medicare Utilization:** 1,360

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.53
2007 Fac PE RVU **2015 Fac PE RVU:** 1.84

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 Est Medicare Utilization:** 2,454

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.23
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 5.36 **2015 Work RVU:**
2007 NF PE RVU: 3.66 **2015 NF PE RVU:**
2007 Fac PE RVU 2.49 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.50 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU 0.57 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 3.18 **2015 NF PE RVU:**
2007 Fac PE RVU 2.15 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.00 **2015 Work RVU:**
2007 NF PE RVU: 0.46 **2015 NF PE RVU:**
2007 Fac PE RVU 0.39 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.50 **2015 Work RVU:**
2007 NF PE RVU: 3.46 **2015 NF PE RVU:**
2007 Fac PE RVU 2.35 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.43 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU 0.55 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.93 **2015 Work RVU:**
2007 NF PE RVU: 4.47 **2015 NF PE RVU:**
2007 Fac PE RVU 3.13 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.15 **2015 Work RVU:**
2007 NF PE RVU: 0.58 **2015 NF PE RVU:**
2007 Fac PE RVU 0.44 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.21 **2015 Work RVU:**
2007 NF PE RVU: 4.5 **2015 NF PE RVU:**
2007 Fac PE RVU 3.2 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.45 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU 0.56 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.38 **2015 Work RVU:**
2007 NF PE RVU: 4.25 **2015 NF PE RVU:**
2007 Fac PE RVU 3.95 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.00 **2015 Work RVU:**
2007 NF PE RVU: 1.67 **2015 NF PE RVU:**
2007 Fac PE RVU 0.42 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.89 **2015 Work RVU:**
2007 NF PE RVU: 4.86 **2015 NF PE RVU:**
2007 Fac PE RVU 3.83 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.50 **2015 Work RVU:**
2007 NF PE RVU: 1.29 **2015 NF PE RVU:**
2007 Fac PE RVU 0.6 **2015 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 Est Medicare Utilization:** 435

2007 Work RVU: 10.00 **2015 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2015 NF PE RVU:** 13.92
2007 Fac PE RVU 6.71 **2015 Fac PE RVU:** 9.07

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 Est Medicare Utilization:** 687

2007 Work RVU: 9.94 **2015 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2015 NF PE RVU:** 13.40
2007 Fac PE RVU 6.53 **2015 Fac PE RVU:** 9.58

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 Est Medicare Utilization:** 1,962

2007 Work RVU: 10.52 **2015 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2015 NF PE RVU:** 13.59
2007 Fac PE RVU 7.6 **2015 Fac PE RVU:** 9.63

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 Est Medicare Utilization:** 3,783

2007 Work RVU: 9.24 **2015 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2015 NF PE RVU:** 12.18
2007 Fac PE RVU 6.81 **2015 Fac PE RVU:** 8.52

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:** Muscle - Skin Graft **Screen:** Site of Service Anomaly / High Level E/M in Global Period. **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2014 Est Medicare Utilization:** 12,440

2007 Work RVU: 19.70 **2015 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2015 NF PE RVU:** 17.95
2007 Fac PE RVU 12.01 **2015 Fac PE RVU:** 13.44

RUC Recommendation: Action Plan. 19.83 **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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 21,808

2007 Work RVU: 19.62 **2015 Work RVU:** 19.86
2007 NF PE RVU: 17.58 **2015 NF PE RVU:** 19.07
2007 Fac PE RVU 12.32 **2015 Fac PE RVU:** 14.15

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,162

2007 Work RVU: 11.57 **2015 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2015 NF PE RVU:** 15.41
2007 Fac PE RVU 8.58 **2015 Fac PE RVU:** 10.93

RUC Recommendation: 11.57 **CPT Action (if applicable):** February 2009 & February 2012 **Result:** Maintain

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

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 Est Medicare Utilization:** 8,407

2007 Work RVU: **2015 Work RVU:** 3.65
2007 NF PE RVU: **2015 NF PE RVU:** 1.83
2007 Fac PE RVU **2015 Fac PE RVU:** 1.83

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 Est Medicare Utilization:** 95,033

2007 Work RVU: 8.12 **2015 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2015 NF PE RVU:** 9.81
2007 Fac PE RVU 6.41 **2015 Fac PE RVU:** 8.05

RUC Recommendation: 6.81 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 17,248

2007 Work RVU: 0.80 **2015 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU 0.58 **2015 Fac PE RVU:** 0.75

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

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

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 Est Medicare Utilization:** 2,012

2007 Work RVU: 1.85 **2015 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2015 NF PE RVU:** 2.20
2007 Fac PE RVU 0.94 **2015 Fac PE RVU:** 1.20

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 Est Medicare Utilization:** 1,059

2007 Work RVU: 2.08 **2015 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 2.77
2007 Fac PE RVU 1.08 **2015 Fac PE RVU:** 1.37

RUC Recommendation: CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,444,490

2007 Work RVU: 0.62 **2015 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2015 NF PE RVU:** 1.19
2007 Fac PE RVU 0.59 **2015 Fac PE RVU:** 0.82

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 17,674,717

2007 Work RVU: 0.07 **2015 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **2015 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 Est Medicare Utilization:** 789,668

2007 Work RVU: 1.82 **2015 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.69
2007 Fac PE RVU 1.54 **2015 Fac PE RVU:** 1.29

RUC Recommendation: 1.37 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,762

2007 Work RVU: 4.62 **2015 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2015 NF PE RVU:** 5.50
2007 Fac PE RVU 3.33 **2015 Fac PE RVU:** 3.69

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

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

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 Est Medicare Utilization:** 1,130

2007 Work RVU: 9.19 **2015 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2015 NF PE RVU:** 6.77
2007 Fac PE RVU 5.41 **2015 Fac PE RVU:** 4.40

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 Est Medicare Utilization:** 3,093

2007 Work RVU: 13.22 **2015 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2015 NF PE RVU:** 9.59
2007 Fac PE RVU 7.49 **2015 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 Est Medicare Utilization:** 1,855,526

2007 Work RVU: 0.67 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2015 NF PE RVU:** 2.35
2007 Fac PE RVU 0.74 **2015 Fac PE RVU:** 1.20

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 Est Medicare Utilization:** 92,800

2007 Work RVU: 0.94 **2015 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 2.62
2007 Fac PE RVU 0.89 **2015 Fac PE RVU:** 1.35

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 145,933

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.68
2007 Fac PE RVU 0.35 **2015 Fac PE RVU:** 0.49

RUC Recommendation: Review action plan **CPT Action (if applicable):** **Result:**

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

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 Est Medicare Utilization:** 132,457

2007 Work RVU: 1.19 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2015 NF PE RVU:** 2.67
2007 Fac PE RVU 0.9 **2015 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 Est Medicare Utilization:** 244,250

2007 Work RVU: 1.60 **2015 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2015 NF PE RVU:** 3.09
2007 Fac PE RVU 1.09 **2015 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 Est Medicare Utilization:** 55,455

2007 Work RVU: 1.51 **2015 Work RVU:** 1.54
2007 NF PE RVU: 2 **2015 NF PE RVU:** 2.86
2007 Fac PE RVU 1.05 **2015 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 Est Medicare Utilization:** 81,054

2007 Work RVU: 1.79 **2015 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2015 NF PE RVU:** 3.18
2007 Fac PE RVU 1.18 **2015 Fac PE RVU:** 1.59

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 Est Medicare Utilization:** 111,786

2007 Work RVU: 1.74 **2015 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2015 NF PE RVU:** 3.01
2007 Fac PE RVU 1.16 **2015 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 Est Medicare Utilization:** 105,095

2007 Work RVU: 2.06 **2015 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2015 NF PE RVU:** 3.39
2007 Fac PE RVU 1.31 **2015 Fac PE RVU:** 1.75

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 Est Medicare Utilization:** 634,944

2007 Work RVU: 6.20 **2015 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2015 NF PE RVU:** 11.59
2007 Fac PE RVU 3.16 **2015 Fac PE RVU:** 3.75

RUC Recommendation: 6.20 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 454,370

2007 Work RVU: 3.30 **2015 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2015 NF PE RVU:** 7.20
2007 Fac PE RVU 1.68 **2015 Fac PE RVU:** 2.01

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 Est Medicare Utilization:** 91,437

2007 Work RVU: 5.56 **2015 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2015 NF PE RVU:** 11.11
2007 Fac PE RVU 2.83 **2015 Fac PE RVU:** 3.37

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 Est Medicare Utilization:** 45,639

2007 Work RVU: 3.06 **2015 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2015 NF PE RVU:** 7.03
2007 Fac PE RVU 1.55 **2015 Fac PE RVU:** 1.86

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 Est Medicare Utilization:** 20,105

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2015 NF PE RVU:** 1.27
2007 Fac PE RVU 0.44 **2015 Fac PE RVU:** 0.53

RUC Recommendation: 0.87

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

Result: Maintain

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 Est Medicare Utilization:** 1,965

2007 Work RVU: 3.74 **2015 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2015 NF PE RVU:** 8.74
2007 Fac PE RVU 2.76 **2015 Fac PE RVU:** 4.05

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

Result: PE Only

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 Est Medicare Utilization:** 60,840

2007 Work RVU: **2015 Work RVU:** 3.29
2007 NF PE RVU: **2015 NF PE RVU:** 15.24
2007 Fac PE RVU **2015 Fac PE RVU:** 1.22

RUC Recommendation: 3.29

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:** 4,121

2007 Work RVU: **2015 Work RVU:** 1.65
2007 NF PE RVU: **2015 NF PE RVU:** 13.65
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 106,521

2007 Work RVU: **2015 Work RVU:** 3.10
2007 NF PE RVU: **2015 NF PE RVU:** 14.81
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 11,237

2007 Work RVU: **2015 Work RVU:** 1.55
2007 NF PE RVU: **2015 NF PE RVU:** 13.18
2007 Fac PE RVU **2015 Fac PE RVU:** 0.58

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 Est Medicare Utilization:** 4,271

2007 Work RVU: **2015 Work RVU:** 3.64
2007 NF PE RVU: **2015 NF PE RVU:** 24.67
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 728

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 21.21
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU 0.64 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: 11.01 **2015 NF PE RVU:**
2007 Fac PE RVU 1.18 **2015 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 Est Medicare Utilization:** 31,439

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.61
2007 Fac PE RVU **2015 Fac PE RVU:** 0.75

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 Est Medicare Utilization:** 2,360

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 3.64
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 4,107

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 5.56
2007 Fac PE RVU **2015 Fac PE RVU:** 0.76

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 Est Medicare Utilization:** 366

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 4.61
2007 Fac PE RVU **2015 Fac PE RVU:** 0.38

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 Est Medicare Utilization:** 18,563

2007 Work RVU: **2015 Work RVU:** 1.70
2007 NF PE RVU: **2015 NF PE RVU:** 10.78
2007 Fac PE RVU **2015 Fac PE RVU:** 0.65

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 Est Medicare Utilization:** 1,248

2007 Work RVU: **2015 Work RVU:** 0.85
2007 NF PE RVU: **2015 NF PE RVU:** 9.79
2007 Fac PE RVU **2015 Fac PE RVU:** 0.32

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 Est Medicare Utilization:** 316

2007 Work RVU: **2015 Work RVU:** 2.55
2007 NF PE RVU: **2015 NF PE RVU:** 21.71
2007 Fac PE RVU **2015 Fac PE RVU:** 0.97

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 Est Medicare Utilization:** 58

2007 Work RVU: **2015 Work RVU:** 1.28
2007 NF PE RVU: **2015 NF PE RVU:** 18.40
2007 Fac PE RVU **2015 Fac PE RVU:** 0.49

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 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2015 Work RVU:**
2007 NF PE RVU: 2.81 **2015 NF PE RVU:**
2007 Fac PE RVU 0.41 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.63 **2015 Work RVU:**
2007 NF PE RVU: 1.17 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.57 **2015 NF PE RVU:**
2007 Fac PE RVU 2.02 **2015 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 Est Medicare Utilization:** 24,418

2007 Work RVU: 15.67 **2015 Work RVU:** 15.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2015 Fac PE RVU:** 9.47

RUC Recommendation: Survey

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

Result:

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 Est Medicare Utilization:** 7,024

2007 Work RVU: 15.91 **2015 Work RVU:** 16.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2015 Fac PE RVU:** 12.87

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 3,716

2007 Work RVU: 6.32 **2015 Work RVU:** 13.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2015 Fac PE RVU:** 12.39

RUC Recommendation: 13.99

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

Result: Decrease

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 Est Medicare Utilization:** 7,628

2007 Work RVU: 20.57 **2015 Work RVU:** 18.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2015 Fac PE RVU:** 21.47

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 Est Medicare Utilization:**

2007 Work RVU: 2.14 **2015 Work RVU:**
2007 NF PE RVU: 2.71 **2015 NF PE RVU:**
2007 Fac PE RVU 1.68 **2015 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 Est Medicare Utilization:** 4,435

2007 Work RVU: 3.55 **2015 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2015 NF PE RVU:** 4.63
2007 Fac PE RVU 2.2 **2015 Fac PE RVU:** 2.56

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 2015 **Tab** 19 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2014 Est Medicare Utilization:** 3,030

2007 Work RVU: 3.25 **2015 Work RVU:** 3.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2015 Fac PE RVU:** 2.46

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?** No

Most Recent RUC Meeting: April 2015 **Tab** 22 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2014 Est Medicare Utilization:** 3,424

2007 Work RVU: 8.77 **2015 Work RVU:** 8.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2015 Fac PE RVU:** 7.21

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **Result:**

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 Est Medicare Utilization:** 1,835

2007 Work RVU: 3.51 **2015 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2015 NF PE RVU:** 9.50
2007 Fac PE RVU 2.52 **2015 Fac PE RVU:** 2.98

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?** No

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2014 Est Medicare Utilization:** 794,445

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.84
2007 Fac PE RVU 0.25 **2015 Fac PE RVU:** 0.36

RUC Recommendation:

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

Result:

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 Est Medicare Utilization:** 177,931

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.88
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.39

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes-2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 337,565

2007 Work RVU: 0.66 **2015 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** 0.36

RUC Recommendation:

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

Global: **Issue:** **Screen:** CMS High Expenditure Procedural Codes-2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 266,130

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2015 NF PE RVU:** 0.99
2007 Fac PE RVU 0.23 **2015 Fac PE RVU:** 0.41

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:** 423,649

2007 Work RVU: 0.66 **2015 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU 0.34 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.89
2007 NF PE RVU: **2015 NF PE RVU:** 1.06
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 517,530

2007 Work RVU: 0.68 **2015 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU 0.35 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.15
2007 Fac PE RVU **2015 Fac PE RVU:** 0.39

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 Est Medicare Utilization:** 7,007,739

2007 Work RVU: 0.79 **2015 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.42 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.10
2007 NF PE RVU: **2015 NF PE RVU:** 1.35
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 54,707

2007 Work RVU: 5.90 **2015 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2015 NF PE RVU:** 10.68
2007 Fac PE RVU 3.82 **2015 Fac PE RVU:** 5.19

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 Est Medicare Utilization:** 2,515

2007 Work RVU: 6.40 **2015 Work RVU:** 16.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2015 Fac PE RVU:** 13.04

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

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 Est Medicare Utilization:** 5,699

2007 Work RVU: 4.20 **2015 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU 3.92 **2015 Fac PE RVU:** 4.62

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 3,839

2007 Work RVU: 5.77 **2015 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2015 NF PE RVU:** 8.43
2007 Fac PE RVU 5.5 **2015 Fac PE RVU:** 1.94

RUC Recommendation: 3.00

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

Result: Decrease

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 Est Medicare Utilization:** 4,106

2007 Work RVU: 7.98 **2015 Work RVU:** 4.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2015 Fac PE RVU:** 2.82

RUC Recommendation: 4.58

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

Result: Decrease

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 Est Medicare Utilization:** 12,183

2007 Work RVU: 5.70 **2015 Work RVU:** 5.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2015 Fac PE RVU:** 5.49

RUC Recommendation: Remove from screen

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 941

2007 Work RVU: 5.59 **2015 Work RVU:** 9.89
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2015 Fac PE RVU:** 8.63

RUC Recommendation: 9.71 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,689

2007 Work RVU: 11.07 **2015 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2015 NF PE RVU:** 14.08
2007 Fac PE RVU 9.21 **2015 Fac PE RVU:** 10.12

RUC Recommendation: 10.03 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21495

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:** 770

2007 Work RVU: 8.91 **2015 Work RVU:** 14.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2015 Fac PE RVU:** 9.97

RUC Recommendation: 14.57 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 39,341

2007 Work RVU: 0.98 **2015 Work RVU:**
2007 NF PE RVU: 1.34 **2015 NF PE RVU:**
2007 Fac PE RVU 1.34 **2015 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:**

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 Est Medicare Utilization:** 142

2007 Work RVU: 2.80 **2015 Work RVU:** 2.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.28 **2015 Fac PE RVU:** 4.30

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 Est Medicare Utilization:** 81

2007 Work RVU: 6.92 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.03 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 10.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.37

RUC Recommendation: 19.55

CPT Action (if applicable): October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 13.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 5.16

RUC Recommendation: 25.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 17.61
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 7.13

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: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2014 Est Medicare Utilization:** 312

2007 Work RVU: 1.31 **2015 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 2.45
2007 Fac PE RVU 1.77 **2015 Fac PE RVU:** 2.55

RUC Recommendation: Unrealted 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

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 Est Medicare Utilization:** 921

2007 Work RVU: 7.65 **2015 Work RVU:** 7.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2015 Fac PE RVU:** 6.08

RUC Recommendation: Unrelated to the family **CPT Action (if applicable):** October 2013 **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 443

2007 Work RVU: 18.38 **2015 Work RVU:** 15.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2015 Fac PE RVU:** 10.45

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 Est Medicare Utilization:** 3,682

2007 Work RVU: 20.77 **2015 Work RVU:** 21.02
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2015 Fac PE RVU:** 16.49

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 Est Medicare Utilization:** 2,782

2007 Work RVU: 2.08 **2015 Work RVU:** 2.13
2007 NF PE RVU: 2.27 **2015 NF PE RVU:** 2.94
2007 Fac PE RVU 1.89 **2015 Fac PE RVU:** 2.43

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 40.91
2007 Fac PE RVU **2015 Fac PE RVU:** 3.92

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 7.58
2007 NF PE RVU: **2015 NF PE RVU:** 41.07
2007 Fac PE RVU **2015 Fac PE RVU:** 3.74

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 23.25
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.90
2007 NF PE RVU: **2015 NF PE RVU:** 197.92
2007 Fac PE RVU **2015 Fac PE RVU:** 4.98

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.24
2007 NF PE RVU: **2015 NF PE RVU:** 197.62
2007 Fac PE RVU **2015 Fac PE RVU:** 4.71

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 121.04
2007 Fac PE RVU **2015 Fac PE RVU:** 1.75

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 Est Medicare Utilization:** 5,694

2007 Work RVU: 9.17 **2015 Work RVU:**
2007 NF PE RVU: 56.83 **2015 NF PE RVU:**
2007 Fac PE RVU 4.84 **2015 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 Est Medicare Utilization:** 5,985

2007 Work RVU: 8.60 **2015 Work RVU:**
2007 NF PE RVU: 52.87 **2015 NF PE RVU:**
2007 Fac PE RVU 4.69 **2015 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 Est Medicare Utilization:** 2,706

2007 Work RVU: 4.30 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.59 **2015 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:**

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 Est Medicare Utilization:** 21,920

2007 Work RVU: 9.21 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.6 **2015 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 Est Medicare Utilization:** 25,904

2007 Work RVU: 8.81 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.4 **2015 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 Est Medicare Utilization:** 11,688

2007 Work RVU: 4.47 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.12 **2015 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 Est Medicare Utilization:** 1,202

2007 Work RVU: 24.61 **2015 Work RVU:** 24.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2015 Fac PE RVU:** 17.15

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 Est Medicare Utilization:** 35,455

2007 Work RVU: **2015 Work RVU:** 25.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 16.83

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 Est Medicare Utilization:** 29,106

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 5,987

2007 Work RVU: 17.54 **2015 Work RVU:** 17.69
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2015 Fac PE RVU:** 13.38

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 Est Medicare Utilization:** 13,858

2007 Work RVU: 23.33 **2015 Work RVU:** 23.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2015 Fac PE RVU:** 15.16

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** CPT 2018 **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 Est Medicare Utilization:** 14,963

2007 Work RVU: 5.52 **2015 Work RVU:** 5.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2015 Fac PE RVU:** 2.57

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 43,612

2007 Work RVU: 23.38 **2015 Work RVU:** 23.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2015 Fac PE RVU:** 16.19

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 Est Medicare Utilization:** 107,574

2007 Work RVU: 6.43 **2015 Work RVU:** 6.43
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2015 Fac PE RVU:** 3.12

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 Est Medicare Utilization:** 6,836

2007 Work RVU: 21.89 **2015 Work RVU:** 22.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2015 Fac PE RVU:** 16.29

RUC Recommendation: 22.09

CPT Action (if applicable): October 2010 **Result:** Maintain

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

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 Est Medicare Utilization:** 2,431

2007 Work RVU: 5.22 **2015 Work RVU:** 5.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2015 Fac PE RVU:** 2.52

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 Est Medicare Utilization:** 32,678

2007 Work RVU: **2015 Work RVU:** 27.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 18.07

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 Est Medicare Utilization:** 12,043

2007 Work RVU: **2015 Work RVU:** 8.16
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.93

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 Est Medicare Utilization:** 6,135

2007 Work RVU: 13.44 **2015 Work RVU:** 13.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2015 Fac PE RVU:** 6.52

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 Est Medicare Utilization:** 4,213

2007 Work RVU: 19.08 **2015 Work RVU:** 19.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2015 Fac PE RVU:** 13.21

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2014 Est Medicare Utilization:** 120,038

2007 Work RVU: 6.70 **2015 Work RVU:** 6.70
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.18 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

228X1

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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

228X2

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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

228X3

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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 Est Medicare Utilization:** 839

2007 Work RVU: 6.14 **2015 Work RVU:** 8.32
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.3 **2015 Fac PE RVU:** 6.03

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 Est Medicare Utilization:** 735

2007 Work RVU: 7.77 **2015 Work RVU:** 7.41
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.5 **2015 Fac PE RVU:** 6.47

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 Est Medicare Utilization:** 9,958

2007 Work RVU: 7.23 **2015 Work RVU:** 7.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.22 **2015 Fac PE RVU:** 7.93

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 Est Medicare Utilization:** 3,689

2007 Work RVU: 7.63 **2015 Work RVU:** 7.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2015 Fac PE RVU:** 8.16

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 Est Medicare Utilization:** 36,163

2007 Work RVU: 1.00 **2015 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2015 NF PE RVU:** 2.63
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 Est Medicare Utilization:** 2,854

2007 Work RVU: 8.43 **2015 Work RVU:** 8.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2015 Fac PE RVU:** 7.77

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

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 Est Medicare Utilization:** 4,223

2007 Work RVU: 12.63 **2015 Work RVU:** 11.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2015 Fac PE RVU:** 9.98

RUC Recommendation: 11.23 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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 Est Medicare Utilization:** 18,015

2007 Work RVU: 13.55 **2015 Work RVU:** 11.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2015 Fac PE RVU:** 10.23

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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 Est Medicare Utilization:** 839

2007 Work RVU: 10.09 **2015 Work RVU:** 9.23
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2015 Fac PE RVU:** 8.93

RUC Recommendation: 9.23

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

Result: Decrease

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 Est Medicare Utilization:** 5,808

2007 Work RVU: 14.75 **2015 Work RVU:** 13.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2015 Fac PE RVU:** 11.64

RUC Recommendation: 13.35

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

Result: Decrease

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 Est Medicare Utilization:** 14,676

2007 Work RVU: 10.05 **2015 Work RVU:** 10.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2015 Fac PE RVU:** 9.32

RUC Recommendation: 10.17

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

Result: Maintain

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 Est Medicare Utilization:** 1,786

2007 Work RVU: 10.53 **2015 Work RVU:** 10.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2015 Fac PE RVU:** 9.01

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 40,487

2007 Work RVU: 22.47 **2015 Work RVU:** 22.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2015 Fac PE RVU:** 15.60

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 505

2007 Work RVU: 2.28 **2015 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2015 NF PE RVU:** 3.64
2007 Fac PE RVU 2.43 **2015 Fac PE RVU:** 3.74

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

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

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 Est Medicare Utilization:** 36,746

2007 Work RVU: 3.00 **2015 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2015 NF PE RVU:** 5.73
2007 Fac PE RVU 3.58 **2015 Fac PE RVU:** 5.19

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 202

2007 Work RVU: 3.99 **2015 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2015 NF PE RVU:** 5.95
2007 Fac PE RVU 4.19 **2015 Fac PE RVU:** 5.21

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

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 14,413

2007 Work RVU: 3.44 **2015 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2015 NF PE RVU:** 4.84
2007 Fac PE RVU 2.77 **2015 Fac PE RVU:** 4.10

RUC Recommendation: Action plan

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

Result:

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 2,776

2007 Work RVU: 4.64 **2015 Work RVU:** 4.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2015 Fac PE RVU:** 5.79

RUC Recommendation: Action plan

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

Result:

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 556

2007 Work RVU: 4.54 **2015 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2015 NF PE RVU:** 6.57
2007 Fac PE RVU 4.61 **2015 Fac PE RVU:** 5.74

RUC Recommendation: Action plan

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

Result:

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 945

2007 Work RVU: 5.25 **2015 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 7.82
2007 Fac PE RVU 5.27 **2015 Fac PE RVU:** 6.47

RUC Recommendation: Action plan

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

Result:

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 1,339

2007 Work RVU: 4.28 **2015 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2015 NF PE RVU:** 5.28
2007 Fac PE RVU 3.45 **2015 Fac PE RVU:** 4.40

RUC Recommendation: Action plan

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

Result:

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 483

2007 Work RVU: 5.50 **2015 Work RVU:** 5.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2015 Fac PE RVU:** 6.70

RUC Recommendation: Action plan

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

Result:

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 Est Medicare Utilization:** 1,025

2007 Work RVU: 7.38 **2015 Work RVU:** 7.56
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2015 Fac PE RVU:** 8.23

RUC Recommendation: 7.56

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

Result: Maintain

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 Est Medicare Utilization:** 2,186

2007 Work RVU: 6.01 **2015 Work RVU:** 6.12
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2015 Fac PE RVU:** 6.73

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

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 Est Medicare Utilization:** 1,028

2007 Work RVU: 7.89 **2015 Work RVU:** 8.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **2015 Fac PE RVU:** 8.52

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 Est Medicare Utilization:** 1,306

2007 Work RVU: 7.28 **2015 Work RVU:** 7.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2015 Fac PE RVU:** 7.42

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 Est Medicare Utilization:** 7,082

2007 Work RVU: 8.26 **2015 Work RVU:** 8.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2015 Fac PE RVU:** 8.19

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 686

2007 Work RVU: 5.71 **2015 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2015 NF PE RVU:** 7.89
2007 Fac PE RVU 5.32 **2015 Fac PE RVU:** 6.50

RUC Recommendation: Action plan

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Est Medicare Utilization: 21,434

2007 Work RVU: 7.02 **2015 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2015 NF PE RVU:** 8.18
2007 Fac PE RVU 6.21 **2015 Fac PE RVU:** 7.25

RUC Recommendation: Action plan

CPT Action (if applicable):

Result:

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

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 Est Medicare Utilization: 4,156

2007 Work RVU: 8.10 **2015 Work RVU:** 8.31
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2015 Fac PE RVU:** 9.03

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 Est Medicare Utilization: 8,730

2007 Work RVU: 9.35 **2015 Work RVU:** 9.56
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2015 Fac PE RVU:** 9.66

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 Est Medicare Utilization:** 7,142

2007 Work RVU: 10.86 **2015 Work RVU:** 11.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2015 Fac PE RVU:** 10.44

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 14,563

2007 Work RVU: 14.12 **2015 Work RVU:** 14.38
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2015 Fac PE RVU:** 12.93

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

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

Result: Maintain

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 244

2007 Work RVU: 4.75 **2015 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2015 NF PE RVU:** 6.75
2007 Fac PE RVU 4.53 **2015 Fac PE RVU:** 5.65

RUC Recommendation: Action plan

CPT Action (if applicable):

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

Result:

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 Est Medicare Utilization:** 1,795

2007 Work RVU: 4.36 **2015 Work RVU:** 4.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2015 Fac PE RVU:** 5.84

RUC Recommendation: Action plan for RAW Oct 2015. Maintain

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:** Published Sept 201

Result: Maintain

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 Est Medicare Utilization:** 1,112

2007 Work RVU: 10.22 **2015 Work RVU:** 10.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2015 Fac PE RVU:** 18.31

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 Est Medicare Utilization:** 69

2007 Work RVU: 8.65 **2015 Work RVU:** 8.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2015 Fac PE RVU:** 14.08

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 Est Medicare Utilization:** 45

2007 Work RVU: 9.22 **2015 Work RVU:** 9.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2015 Fac PE RVU:** 14.53

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 Est Medicare Utilization:** 7,972

2007 Work RVU: 6.76 **2015 Work RVU:** 6.90
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2015 Fac PE RVU:** 13.06

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 618

2007 Work RVU: 3.74 **2015 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2015 NF PE RVU:** 4.72
2007 Fac PE RVU 2.89 **2015 Fac PE RVU:** 4.15

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 7,524

2007 Work RVU: 1.74 **2015 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2015 NF PE RVU:** 3.14
2007 Fac PE RVU 2.07 **2015 Fac PE RVU:** 3.15

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 485

2007 Work RVU: 3.15 **2015 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2015 NF PE RVU:** 5.16
2007 Fac PE RVU 3 **2015 Fac PE RVU:** 3.99

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 5,665

2007 Work RVU: 3.07 **2015 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2015 NF PE RVU:** 4.20
2007 Fac PE RVU 2.44 **2015 Fac PE RVU:** 3.62

RUC Recommendation: Action plan

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

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 Est Medicare Utilization:** 421

2007 Work RVU: 6.44 **2015 Work RVU:** 8.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2015 Fac PE RVU:** 6.76

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 Est Medicare Utilization:** 1,483

2007 Work RVU: 5.66 **2015 Work RVU:** 5.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2015 Fac PE RVU:** 6.18

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 Est Medicare Utilization:** 395,104

2007 Work RVU: 1.40 **2015 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU 0.33 **2015 Fac PE RVU:** 0.82

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 Est Medicare Utilization:** 134,405

2007 Work RVU: 21.61 **2015 Work RVU:** 20.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2015 Fac PE RVU:** 14.36

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 Est Medicare Utilization:** 10,957

2007 Work RVU: 30.13 **2015 Work RVU:** 30.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2015 Fac PE RVU:** 19.14

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2014 Est Medicare Utilization:** 19,385

2007 Work RVU: 5.98 **2015 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 4.98 **2015 Fac PE RVU:** 6.39

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

27194

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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

271X1

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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

271X2

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): **Result:**

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 2,045

2007 Work RVU: 5.69 **2015 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2015 NF PE RVU:** 6.66
2007 Fac PE RVU 5.06 **2015 Fac PE RVU:** 6.56

RUC Recommendation: Action plan

CPT Action (if applicable): **Result:**

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

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 229

2007 Work RVU: 11.66 **2015 Work RVU:** 11.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2015 Fac PE RVU:** 7.76

RUC Recommendation: Action plan **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 Est Medicare Utilization:** 62,071

2007 Work RVU: 17.43 **2015 Work RVU:** 17.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2015 Fac PE RVU:** 13.38

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 327

2007 Work RVU: 13.66 **2015 Work RVU:** 13.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2015 Fac PE RVU:** 10.99

RUC Recommendation: Action plan **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 Est Medicare Utilization:** 13,760

2007 Work RVU: 17.08 **2015 Work RVU:** 18.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2015 Fac PE RVU:** 13.69

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 Est Medicare Utilization:** 78,709

2007 Work RVU: 21.09 **2015 Work RVU:** 18.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2015 Fac PE RVU:** 13.69

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 Est Medicare Utilization:** 3,019

2007 Work RVU: 7.21 **2015 Work RVU:** 3.82
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2015 Fac PE RVU:** 0.78

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 1,025

2007 Work RVU: 10.92 **2015 Work RVU:** 11.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2015 Fac PE RVU:** 8.65

RUC Recommendation: Action plan **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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 7,039

2007 Work RVU: 5.12 **2015 Work RVU:** 5.24
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2015 Fac PE RVU:** 5.28

RUC Recommendation: Action plan **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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Est Medicare Utilization: 6,820

2007 Work RVU: 7.67 **2015 Work RVU:** 7.78
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2015 Fac PE RVU:** 7.35

RUC Recommendation: Action plan

CPT Action (if applicable):

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

Result:

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 Est Medicare Utilization: 857

2007 Work RVU: 4.95 **2015 Work RVU:** 5.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2015 Fac PE RVU:** 5.22

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

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 **Complete?** No

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

First Identified: February 2008

2014 Est Medicare Utilization: 97,280

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2015 NF PE RVU:** 3.33
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.39

RUC Recommendation: Survey

CPT Action (if applicable): February 2014

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples

Result: Maintain

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 Est Medicare Utilization:** 15,415

2007 Work RVU: 16.26 **2015 Work RVU:** 17.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2015 Fac PE RVU:** 12.54

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 Est Medicare Utilization:** 270,353

2007 Work RVU: 23.04 **2015 Work RVU:** 20.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2015 Fac PE RVU:** 14.35

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 355

2007 Work RVU: 11.24 **2015 Work RVU:** 11.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2015 Fac PE RVU:** 8.54

RUC Recommendation: Action plan **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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 377

2007 Work RVU: 9.68 **2015 Work RVU:** 9.80
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2015 Fac PE RVU:** 7.99

RUC Recommendation: Action plan

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 425

2007 Work RVU: 5.84 **2015 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2015 NF PE RVU:** 7.32
2007 Fac PE RVU 4.85 **2015 Fac PE RVU:** 6.28

RUC Recommendation: Action plan

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 313

2007 Work RVU: 8.04 **2015 Work RVU:** 8.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2015 Fac PE RVU:** 8.18

RUC Recommendation: Action plan

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 Est Medicare Utilization:** 437

2007 Work RVU: 12.93 **2015 Work RVU:** 15.72
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2015 Fac PE RVU:** 10.52

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 Est Medicare Utilization:** 671

2007 Work RVU: 8.47 **2015 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2015 Fac PE RVU:** 5.54

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 Est Medicare Utilization:** 1,496

2007 Work RVU: 12.10 **2015 Work RVU:** 12.24
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2015 Fac PE RVU:** 9.57

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 Est Medicare Utilization:** 764

2007 Work RVU: 9.73 **2015 Work RVU:** 9.84
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2015 Fac PE RVU:** 7.72

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 Est Medicare Utilization:** 2,157

2007 Work RVU: 9.94 **2015 Work RVU:** 9.21
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2015 Fac PE RVU:** 8.29

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 2,068

2007 Work RVU: 10.32 **2015 Work RVU:** 10.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2015 Fac PE RVU:** 8.33

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 Est Medicare Utilization:** 3,599

2007 Work RVU: 6.57 **2015 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2015 NF PE RVU:** 11.44
2007 Fac PE RVU 5.26 **2015 Fac PE RVU:** 5.74

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 Est Medicare Utilization:** 5,072

2007 Work RVU: 6.30 **2015 Work RVU:** 6.41
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2015 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 Est Medicare Utilization:** 1,417

2007 Work RVU: 8.96 **2015 Work RVU:** 9.17
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2015 Fac PE RVU:** 7.66

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 Est Medicare Utilization:** 3,747

2007 Work RVU: 10.28 **2015 Work RVU:** 10.49
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2015 Fac PE RVU:** 9.32

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 1,372

2007 Work RVU: 6.15 **2015 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2015 NF PE RVU:** 7.87
2007 Fac PE RVU 5.54 **2015 Fac PE RVU:** 6.69

RUC Recommendation: Action plan **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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 328

2007 Work RVU: 5.33 **2015 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2015 NF PE RVU:** 7.11
2007 Fac PE RVU 5.14 **2015 Fac PE RVU:** 5.91

RUC Recommendation: Action plan **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 Est Medicare Utilization:** 7,232

2007 Work RVU: 7.91 **2015 Work RVU:** 8.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2015 Fac PE RVU:** 8.36

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 2,680

2007 Work RVU: 5.20 **2015 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2015 NF PE RVU:** 7.09
2007 Fac PE RVU 5.02 **2015 Fac PE RVU:** 5.86

RUC Recommendation: Action plan **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 Est Medicare Utilization:** 11,826

2007 Work RVU: 11.10 **2015 Work RVU:** 10.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2015 Fac PE RVU:** 9.54

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: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2014 Est Medicare Utilization:** 2,527

2007 Work RVU: 5.57 **2015 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2015 NF PE RVU:** 7.14
2007 Fac PE RVU 5 **2015 Fac PE RVU:** 5.72

RUC Recommendation: Action plan

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

Result: PE Only

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: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 577

2007 Work RVU: 6.60 **2015 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2015 NF PE RVU:** 7.66
2007 Fac PE RVU 5.25 **2015 Fac PE RVU:** 6.22

RUC Recommendation: Action plan

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

Result:

27840 **Closed treatment of ankle dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 2,253

2007 Work RVU: 4.65 **2015 Work RVU:** 4.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2015 Fac PE RVU:** 4.97

RUC Recommendation: Action plan

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

Result:

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 Est Medicare Utilization:** 5,768

2007 Work RVU: 5.78 **2015 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 6.87
2007 Fac PE RVU 3.74 **2015 Fac PE RVU:** 3.30

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 Est Medicare Utilization:** 977

2007 Work RVU: 5.06 **2015 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2015 NF PE RVU:** 8.58
2007 Fac PE RVU 3.58 **2015 Fac PE RVU:** 3.68

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 Est Medicare Utilization:** 2,263

2007 Work RVU: 6.02 **2015 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2015 NF PE RVU:** 10.25
2007 Fac PE RVU 4.28 **2015 Fac PE RVU:** 4.99

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 Est Medicare Utilization:** 4,791

2007 Work RVU: 5.64 **2015 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2015 NF PE RVU:** 11.27
2007 Fac PE RVU 4.31 **2015 Fac PE RVU:** 6.05

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 Est Medicare Utilization:** 12,527

2007 Work RVU: 7.56 **2015 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2015 NF PE RVU:** 9.83
2007 Fac PE RVU 5.17 **2015 Fac PE RVU:** 5.20

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 Est Medicare Utilization:** 13,002

2007 Work RVU: 4.88 **2015 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2015 NF PE RVU:** 8.36
2007 Fac PE RVU 3.62 **2015 Fac PE RVU:** 4.07

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 Est Medicare Utilization:** 81,117

2007 Work RVU: 4.65 **2015 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2015 NF PE RVU:** 9.29
2007 Fac PE RVU 3.42 **2015 Fac PE RVU:** 4.69

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

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

28290

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28292

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
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?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** January 2014 **2014 Est Medicare Utilization:** 3,366

2007 Work RVU: 11.10 **2015 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2015 NF PE RVU:** 17.74
2007 Fac PE RVU 6.34 **2015 Fac PE RVU:** 8.00

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

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 **First Identified:** September 2007 **2014 Est Medicare Utilization:** 14,444

2007 Work RVU: 9.31 **2015 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2015 NF PE RVU:** 11.48
2007 Fac PE RVU 5.29 **2015 Fac PE RVU:** 5.89

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28297

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
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 **First Identified:** September 2007 **2014 Est Medicare Utilization:** 2,594

2007 Work RVU: 8.01 **2015 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2015 NF PE RVU:** 11.80
2007 Fac PE RVU 4.91 **2015 Fac PE RVU:** 5.54

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** October 2015 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28299

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

282X1

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

282X2

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
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 Est Medicare Utilization:** 2,235

2007 Work RVU: 9.61 **2015 Work RVU:** 9.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2015 Fac PE RVU:** 7.56

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 Est Medicare Utilization:** 2,165

2007 Work RVU: 5.48 **2015 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 9.71
2007 Fac PE RVU 3.53 **2015 Fac PE RVU:** 4.18

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 36,625

2007 Work RVU: 1.99 **2015 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU 2.43 **2015 Fac PE RVU:** 3.53

RUC Recommendation: 2.03

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

Result: Maintain

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia**

Global: 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 643

2007 Work RVU: 1.25 **2015 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU 0.79 **2015 Fac PE RVU:** 1.10

RUC Recommendation: Action plan

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

Result:

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 Est Medicare Utilization:** 3,555

2007 Work RVU: 11.97 **2015 Work RVU:** 11.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2015 Fac PE RVU:** 9.36

RUC Recommendation: 12.18

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

Result: Maintain

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 Est Medicare Utilization:** 2,521

2007 Work RVU: 12.21 **2015 Work RVU:** 10.70
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2015 Fac PE RVU:** 8.74

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 Est Medicare Utilization:** 3,030

2007 Work RVU: 9.09 **2015 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2015 NF PE RVU:** 13.89
2007 Fac PE RVU 6.37 **2015 Fac PE RVU:** 7.39

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 Est Medicare Utilization:** 12,668

2007 Work RVU: 3.71 **2015 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2015 NF PE RVU:** 9.54
2007 Fac PE RVU 3.4 **2015 Fac PE RVU:** 4.63

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 Est Medicare Utilization:** 71,920

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 0.68 **2015 Fac PE RVU:** 0.89

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 Est Medicare Utilization:** 18,765

2007 Work RVU: 0.65 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU 0.34 **2015 Fac PE RVU:** 0.11

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: 0.64 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT,

Result: Deleted from CPT

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 Est Medicare Utilization:** 26,002

2007 Work RVU: 0.71 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 0.41
2007 Fac PE RVU 0.37 **2015 Fac PE RVU:** 0.12

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:** 7,005

2007 Work RVU: 0.55 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.33 **2015 Fac PE RVU:** 0.13

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:** 5,607

2007 Work RVU: 0.51 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 0.41
2007 Fac PE RVU 0.33 **2015 Fac PE RVU:** 0.14

RUC Recommendation: 0.39

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

Result: Decrease

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

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

First Identified: October 2015 **2014 Est Medicare Utilization:** 30,243

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2015 NF PE RVU:** 1.89
2007 Fac PE RVU 0.96 **2015 Fac PE RVU:** 1.02

RUC Recommendation: Review action plan

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

Result:

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 Est Medicare Utilization:** 16,990

2007 Work RVU: 0.54 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2015 NF PE RVU:** 0.47
2007 Fac PE RVU 0.45 **2015 Fac PE RVU:** 0.12

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:** 41,051

2007 Work RVU: 0.57 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 0.39
2007 Fac PE RVU 0.34 **2015 Fac PE RVU:** 0.11

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:** 254,352

2007 Work RVU: 0.51 **2015 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.31 **2015 Fac PE RVU:** 0.10

RUC Recommendation: 0.39

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

Result: Decrease

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 Est Medicare Utilization:** 65,330

2007 Work RVU: 0.47 **2015 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.27
2007 Fac PE RVU 0.29 **2015 Fac PE RVU:** 0.06

RUC Recommendation: 0.25

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

Result: Decrease

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 Est Medicare Utilization:** 3,342

2007 Work RVU: **2015 Work RVU:** 0.35
2007 NF PE RVU: **2015 NF PE RVU:** 1.63
2007 Fac PE RVU **2015 Fac PE RVU:** 0.09

RUC Recommendation: Develop CPT Assistant Article

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:** 291

2007 Work RVU: **2015 Work RVU:** 0.25
2007 NF PE RVU: **2015 NF PE RVU:** 0.98
2007 Fac PE RVU **2015 Fac PE RVU:** 0.06

RUC Recommendation: Develop CPT Assistant Article

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,292

2007 Work RVU: **2015 Work RVU:** 0.35
2007 NF PE RVU: **2015 NF PE RVU:** 1.63
2007 Fac PE RVU **2015 Fac PE RVU:** 0.09

RUC Recommendation: Develop CPT Assistant Article

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 0.54 **2015 NF PE RVU:**
2007 Fac PE RVU 0.29 **2015 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 737

2007 Work RVU: 5.94 **2015 Work RVU:** 6.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2015 Fac PE RVU:** 6.32

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 Est Medicare Utilization:** 16,984

2007 Work RVU: 7.49 **2015 Work RVU:** 7.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2015 Fac PE RVU:** 7.42

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

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 Est Medicare Utilization:** 28,973

2007 Work RVU: 8.24 **2015 Work RVU:** 8.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.94 **2015 Fac PE RVU:** 8.03

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

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

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 Est Medicare Utilization:** 40,827

2007 Work RVU: 8.82 **2015 Work RVU:** 8.98
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.3 **2015 Fac PE RVU:** 8.71

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 Est Medicare Utilization:** 76,968

2007 Work RVU: 9.05 **2015 Work RVU:** 3.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2015 Fac PE RVU:** 1.51

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 59,895

2007 Work RVU: 15.44 **2015 Work RVU:** 15.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2015 Fac PE RVU:** 12.24

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:**

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 Est Medicare Utilization:** 12,029

2007 Work RVU: **2015 Work RVU:** 13.16
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 10.80

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 Est Medicare Utilization:** 152

2007 Work RVU: 5.80 **2015 Work RVU:** 5.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2015 Fac PE RVU:** 6.05

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

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 Est Medicare Utilization:** 94

2007 Work RVU: 5.59 **2015 Work RVU:** 5.68
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2015 Fac PE RVU:** 6.16

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:** 1,437

2007 Work RVU: 5.11 **2015 Work RVU:** 5.19
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.52
2007 Fac PE RVU 4.72 **2015 Fac PE RVU:** 5.62

RUC Recommendation: New PE non-facility inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:** 1,501

2007 Work RVU: 14.14 **2015 Work RVU:** 14.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2015 Fac PE RVU:** 11.28

RUC Recommendation: 14.14 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 5

2007 Work RVU: 5.74 **2015 Work RVU:** 5.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2015 Fac PE RVU:** 5.73

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

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 Est Medicare Utilization:** 33,529

2007 Work RVU: 3.48 **2015 Work RVU:** 3.57
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.29 **2015 Fac PE RVU:** 8.47

RUC Recommendation:

CPT Action (if applicable):

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

Result:

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 Est Medicare Utilization:** 2,338

2007 Work RVU: 12.20 **2015 Work RVU:** 12.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2015 Fac PE RVU:** 13.77

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

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

Result: PE Only

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 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009 **2014 Est Medicare Utilization:** 107,216

2007 Work RVU: 1.21 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU 0.31 **2015 Fac PE RVU:** 0.37

RUC Recommendation: 1.21

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 518,179

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2015 NF PE RVU:** 4.71
2007 Fac PE RVU 0.84 **2015 Fac PE RVU:** 0.62

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 108,348

2007 Work RVU: 2.98 **2015 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2015 NF PE RVU:** 4.40
2007 Fac PE RVU 1.72 **2015 Fac PE RVU:** 1.67

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 Est Medicare Utilization:** 27,910

2007 Work RVU: 3.26 **2015 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2015 NF PE RVU:** 4.22
2007 Fac PE RVU 1.9 **2015 Fac PE RVU:** 1.73

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 Est Medicare Utilization:** 1,150

2007 Work RVU: 9.23 **2015 Work RVU:** 9.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2015 Fac PE RVU:** 7.54

RUC Recommendation: 9.04 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,543

2007 Work RVU: 2.61 **2015 Work RVU:** 2.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2015 Fac PE RVU:** 1.64

RUC Recommendation: 2.61 **CPT Action (if applicable):** **Result:** Maintain

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

31255 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)**

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 Est Medicare Utilization:** 29,757

2007 Work RVU: 6.95 **2015 Work RVU:** 6.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2015 Fac PE RVU:** 3.55

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** CPT 2018 **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:** 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 Est Medicare Utilization:** 21,620

2007 Work RVU: 8.84 **2015 Work RVU:** 8.84
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.58 **2015 Fac PE RVU:** 4.39

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** CPT 2018 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

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 Est Medicare Utilization:** 8,150

2007 Work RVU: 3.91 **2015 Work RVU:** 3.91
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2015 Fac PE RVU:** 2.22

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

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 Est Medicare Utilization:** 9,345

2007 Work RVU: 4.57 **2015 Work RVU:** 4.57
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2015 Fac PE RVU:** 2.51

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:** 22,250

2007 Work RVU: **2015 Work RVU:** 3.29
2007 NF PE RVU: **2015 NF PE RVU:** 55.42
2007 Fac PE RVU **2015 Fac PE RVU:** 1.98

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): CPT 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 12,976

2007 Work RVU: **2015 Work RVU:** 2.64
2007 NF PE RVU: **2015 NF PE RVU:** 55.10
2007 Fac PE RVU **2015 Fac PE RVU:** 1.69

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** CPT 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 279,140

2007 Work RVU: 2.33 **2015 Work RVU:** 2.33
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2015 Fac PE RVU:** 0.55

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

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 Est Medicare Utilization:** 4,771

2007 Work RVU: 4.26 **2015 Work RVU:** 4.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2015 Fac PE RVU:** 2.37

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 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2014 Est Medicare Utilization:** 627,789

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 0.84 **2015 Fac PE RVU:** 0.95

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

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy**
Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2014 Est Medicare Utilization:** 67,183

2007 Work RVU: 2.26 **2015 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2015 NF PE RVU:** 3.43
2007 Fac PE RVU 1.37 **2015 Fac PE RVU:** 1.49

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

31580 **Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Est Medicare Utilization:** 26

2007 Work RVU: 14.46 **2015 Work RVU:** 14.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.31 **2015 Fac PE RVU:** 18.16

RUC Recommendation: Referred to CPT
CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Est Medicare Utilization:** 37

2007 Work RVU: 22.87 **2015 Work RVU:** 23.22
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 24.48 **2015 Fac PE RVU:** 27.68

RUC Recommendation: Deleted from CPT
CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

31584 **Laryngoplasty; with open reduction of fracture**
Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Est Medicare Utilization:** 11

2007 Work RVU: 20.35 **2015 Work RVU:** 20.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2015 Fac PE RVU:** 19.81

RUC Recommendation: Referred to CPT
CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

31587 **Laryngoplasty, cricoid split**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Est Medicare Utilization:** 15

2007 Work RVU: 15.12 **2015 Work RVU:** 15.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2015 Fac PE RVU:** 11.21

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** October 2015 **Result:**
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?** No

Most Recent RUC Meeting: January 2015 **Tab** 04 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2014 Est Medicare Utilization:** 1,233

2007 Work RVU: 14.62 **2015 Work RVU:** 14.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.07 **2015 Fac PE RVU:** 15.48

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X1

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X2

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

315X3

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X4

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X5

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X6

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

3160X1

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

3160X2

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

3160X3

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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 Est Medicare Utilization:** 865 **2007 Work RVU:** 5.92 **2015 Work RVU:** 6.00 **2007 NF PE RVU:** NA **2015 NF PE RVU:** NA **2007 Fac PE RVU** 6.92 **2015 Fac PE RVU:** 8.59

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

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 Est Medicare Utilization:** 24,816

2007 Work RVU: 1.40 **2015 Work RVU:** 1.40
2007 NF PE RVU: 5.73 **2015 NF PE RVU:** 6.66
2007 Fac PE RVU 0.5 **2015 Fac PE RVU:** 0.42

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 68,721

2007 Work RVU: 2.78 **2015 Work RVU:** 2.78
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 5.83
2007 Fac PE RVU 1.02 **2015 Fac PE RVU:** 1.11

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 Est Medicare Utilization:** 23,291

2007 Work RVU: 3.36 **2015 Work RVU:** 3.36
2007 NF PE RVU: 5.73 **2015 NF PE RVU:** 5.82
2007 Fac PE RVU 1.17 **2015 Fac PE RVU:** 1.25

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 Est Medicare Utilization:** 2,312

2007 Work RVU: **2015 Work RVU:** 4.16
2007 NF PE RVU: **2015 NF PE RVU:** 8.12
2007 Fac PE RVU **2015 Fac PE RVU:** 1.50

RUC Recommendation: 4.16 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 35,975

2007 Work RVU: 3.80 **2015 Work RVU:** 3.80
2007 NF PE RVU: 7.02 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU 1.26 **2015 Fac PE RVU:** 1.37

RUC Recommendation: 3.80 **CPT Action (if applicable):** October 2014 **Result:** Maintain

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

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 Est Medicare Utilization:** 28,364

2007 Work RVU: 4.09 **2015 Work RVU:** 4.09
2007 NF PE RVU: 13.7 **2015 NF PE RVU:** 12.33
2007 Fac PE RVU 1.35 **2015 Fac PE RVU:** 1.46

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 Est Medicare Utilization:** 3,701

2007 Work RVU: 1.03 **2015 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU 0.3 **2015 Fac PE RVU:** 0.31

RUC Recommendation: 1.03 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 10,221

2007 Work RVU: 1.32 **2015 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2015 NF PE RVU:** 1.08
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:** 0.40

RUC Recommendation: 1.32 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 31,702

2007 Work RVU: 3.16 **2015 Work RVU:** 3.16
2007 NF PE RVU: 5.05 **2015 NF PE RVU:** 5.77
2007 Fac PE RVU 1.09 **2015 Fac PE RVU:** 1.21

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 20.21 **2015 NF PE RVU:**
2007 Fac PE RVU 1.26 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.18 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.66 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 496

2007 Work RVU: 27.17 **2015 Work RVU:** 27.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2015 Fac PE RVU:** 11.87

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 Est Medicare Utilization:** 7,714

2007 Work RVU: 25.71 **2015 Work RVU:** 25.82
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2015 Fac PE RVU:** 11.17

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 Est Medicare Utilization:** 599

2007 Work RVU: 27.28 **2015 Work RVU:** 27.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2015 Fac PE RVU:** 12.26

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 Est Medicare Utilization:** 31

2007 Work RVU: 25.09 **2015 Work RVU:** 25.24
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2015 Fac PE RVU:** 11.70

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 Est Medicare Utilization:** 37,704

2007 Work RVU: **2015 Work RVU:** 3.29
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.09

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 Est Medicare Utilization:** 21,501

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.70
2007 Fac PE RVU **2015 Fac PE RVU:** 0.57

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 Est Medicare Utilization:** 196,055

2007 Work RVU: **2015 Work RVU:** 2.27
2007 NF PE RVU: **2015 NF PE RVU:** 5.73
2007 Fac PE RVU **2015 Fac PE RVU:** 0.79

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 Est Medicare Utilization:** 3,665

2007 Work RVU: **2015 Work RVU:** 2.50
2007 NF PE RVU: **2015 NF PE RVU:** 12.98
2007 Fac PE RVU **2015 Fac PE RVU:** 0.79

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 Est Medicare Utilization:** 34,473

2007 Work RVU: **2015 Work RVU:** 3.12
2007 NF PE RVU: **2015 NF PE RVU:** 11.10
2007 Fac PE RVU **2015 Fac PE RVU:** 1.05

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 Est Medicare Utilization:** 6,447

2007 Work RVU: 24.56 **2015 Work RVU:** 24.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2015 Fac PE RVU:** 10.39

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:**

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 Est Medicare Utilization:** 20,285

2007 Work RVU: 9.05 **2015 Work RVU:** 8.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2015 Fac PE RVU:** 4.35

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 Est Medicare Utilization:** 108,113

2007 Work RVU: 8.12 **2015 Work RVU:** 8.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2015 Fac PE RVU:** 4.64

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 Est Medicare Utilization:** 1,176

2007 Work RVU: 5.51 **2015 Work RVU:** 5.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2015 Fac PE RVU:** 3.18

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 Est Medicare Utilization:** 3,482

2007 Work RVU: 6.36 **2015 Work RVU:** 5.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2015 Fac PE RVU:** 3.27

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 Est Medicare Utilization:** 394

2007 Work RVU: **2015 Work RVU:** 5.80
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.65

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 Est Medicare Utilization:** 7,958

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.38

RUC Recommendation: 5.50

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

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

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 Est Medicare Utilization:** 38,667

2007 Work RVU: **2015 Work RVU:** 5.77
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.48

RUC Recommendation: 5.77

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

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

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 Est Medicare Utilization:** 3,144

2007 Work RVU: **2015 Work RVU:** 6.04
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.68

RUC Recommendation: 6.04

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

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

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 Est Medicare Utilization: 308

2007 Work RVU: **2015 Work RVU:** 6.32

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 Fac PE RVU:** 3.64

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 Est Medicare Utilization: 219

2007 Work RVU: **2015 Work RVU:** 6.59

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 Fac PE RVU:** 3.92

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 Est Medicare Utilization: 9,730

2007 Work RVU: 3.33 **2015 Work RVU:** 3.39

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 3.29 **2015 Fac PE RVU:** 2.85

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 Est Medicare Utilization: 876

2007 Work RVU: 7.61 **2015 Work RVU:** 6.05

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 4.79 **2015 Fac PE RVU:** 3.51

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 Est Medicare Utilization: 8,160

2007 Work RVU: 3.26 **2015 Work RVU:** 3.29

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 2.99 **2015 Fac PE RVU:** 2.56

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 Est Medicare Utilization: 48,572

2007 Work RVU: 15.02 **2015 Work RVU:** 15.17

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 8.89 **2015 Fac PE RVU:** 8.20

RUC Recommendation: 15.17

CPT Action (if applicable): February 2011

Result: Maintain

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

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 Est Medicare Utilization:** 4,636

2007 Work RVU: **2015 Work RVU:** 6.06
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.68

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 Est Medicare Utilization:** 12,895

2007 Work RVU: **2015 Work RVU:** 6.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.79

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 Est Medicare Utilization:** 17,625

2007 Work RVU: **2015 Work RVU:** 6.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.94

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 Est Medicare Utilization:** 21,226

2007 Work RVU: 4.70 **2015 Work RVU:** 3.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2015 Fac PE RVU:** 2.60

RUC Recommendation: 3.50

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

Result: Decrease

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 Est Medicare Utilization:** 5,505

2007 Work RVU: 3.04 **2015 Work RVU:** 3.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.5 **2015 Fac PE RVU:** 2.43

RUC Recommendation: 3.00

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

Result: Decrease

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 Est Medicare Utilization:** 30,345

2007 Work RVU: 41.19 **2015 Work RVU:** 41.32
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2015 Fac PE RVU:** 15.35

RUC Recommendation: 41.32

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

Result: Maintain

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 Est Medicare Utilization:** 8,494

2007 Work RVU: 50.75 **2015 Work RVU:** 50.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2015 Fac PE RVU:** 18.94

RUC Recommendation: 50.93

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

Result: Maintain

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 Est Medicare Utilization:** 63,760

2007 Work RVU: 33.64 **2015 Work RVU:** 33.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2015 Fac PE RVU:** 12.99

RUC Recommendation: 34.98

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

Result: Increase

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 Est Medicare Utilization:** 67

2007 Work RVU: **2015 Work RVU:** 30.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 6.87

RUC Recommendation: Refer to CPT Assistant

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:** 1

2007 Work RVU: **2015 Work RVU:** 16.18
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 7.19

RUC Recommendation: Refer to CPT Assistant

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 64.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 19.69

RUC Recommendation: Refer to CPT Assistant

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

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 Est Medicare Utilization:** 1,746

2007 Work RVU: 58.71 **2015 Work RVU:** 58.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2015 Fac PE RVU:** 19.58

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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 Est Medicare Utilization:** 656

2007 Work RVU: 89.08 **2015 Work RVU:** 89.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2015 Fac PE RVU:** 31.28

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.86

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 6.63
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.05

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.73
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.53

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.49

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.79

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.50

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.11
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.11

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.11
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.78

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 16.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.78

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.24

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.47
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 559

2007 Work RVU: 19.33 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.09 **2015 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 Est Medicare Utilization:** 2,712

2007 Work RVU: 10.91 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.45 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.47
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.35

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.51

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.22

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.36

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 5.22
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 5.46
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.63

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.89
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.84

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 10.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.90

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 4.04
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.13

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.27

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.76

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 Est Medicare Utilization:** 11,724

2007 Work RVU: 23.71 **2015 Work RVU:** 23.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.38 **2015 Fac PE RVU:** 7.73

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2018 cycle **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 Est Medicare Utilization:** 25,484

2007 Work RVU: 6.74 **2015 Work RVU:** 6.74
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2015 Fac PE RVU:** 1.66

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2018 cycle **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 Est Medicare Utilization:** 11,506

2007 Work RVU: 12.72 **2015 Work RVU:** 12.80
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.89 **2015 Fac PE RVU:** 4.90

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2018 cycle **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 Est Medicare Utilization:** 46,033

2007 Work RVU: 19.53 **2015 Work RVU:** 21.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2015 Fac PE RVU:** 7.37

RUC Recommendation: 21.16 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35450

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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

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35452

Global: **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.19 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 7.34 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.64 **2015 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

Global:
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 Est Medicare Utilization:
2007 Work RVU:
2015 Work RVU:
2007 NF PE RVU:
2015 NF PE RVU:
2007 Fac PE RVU
2015 Fac PE RVU:
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 Est Medicare Utilization:
2007 Work RVU: 8.62
2015 Work RVU:
2007 NF PE RVU: NA
2015 NF PE RVU:
2007 Fac PE RVU 3.01
2015 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

Global:
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 Est Medicare Utilization:
2007 Work RVU:
2015 Work RVU:
2007 NF PE RVU:
2015 NF PE RVU:
2007 Fac PE RVU
2015 Fac PE RVU:
RUC Recommendation:
CPT Action (if applicable):
Result:
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 Est Medicare Utilization:**

2007 Work RVU: 8.62 **2015 Work RVU:**
2007 NF PE RVU: 81.78 **2015 NF PE RVU:**
2007 Fac PE RVU 3.37 **2015 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?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2014 Est Medicare Utilization:** 2,754

2007 Work RVU: 10.05 **2015 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2015 NF PE RVU:** 60.75
2007 Fac PE RVU 4.13 **2015 Fac PE RVU:** 3.22

RUC Recommendation: Refer to CPT for bundling. **CPT Action (if applicable):** October 2015 **Result:**
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 Est Medicare Utilization:** 437

2007 Work RVU: 6.90 **2015 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2015 NF PE RVU:** 44.91
2007 Fac PE RVU 2.75 **2015 Fac PE RVU:** 2.09

RUC Recommendation: Remove from screen **CPT Action (if applicable):** Removed from CPT referral **Result:** Remove from Screen
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 Est Medicare Utilization:**

2007 Work RVU: 6.03 **2015 Work RVU:**
2007 NF PE RVU: 56.4 **2015 NF PE RVU:**
2007 Fac PE RVU 2.43 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 7.35 **2015 Work RVU:**
2007 NF PE RVU: 80.7 **2015 NF PE RVU:**
2007 Fac PE RVU 2.9 **2015 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?** No

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2014 Est Medicare Utilization:** 50,192

2007 Work RVU: 9.48 **2015 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2015 NF PE RVU:** 36.83
2007 Fac PE RVU 3.48 **2015 Fac PE RVU:** 2.20

RUC Recommendation: Refer to CPT for bundling. 6.60 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** No

Most Recent RUC Meeting: April 2012 **Tab** 41 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2014 Est Medicare Utilization:** 281,365

2007 Work RVU: 6.03 **2015 Work RVU:** 5.10
2007 NF PE RVU: 42.45 **2015 NF PE RVU:** 34.73
2007 Fac PE RVU 2.26 **2015 Fac PE RVU:** 2.04

RUC Recommendation: Refer to CPT for bundling. 5.10

CPT Action (if applicable): October 2015 **Result:** Decrease
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 Est Medicare Utilization:**

2007 Work RVU: 11.06 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.11 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 7.60 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.46 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 6.64 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.3 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 8.09 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.89 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 10.42 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.64 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 9.48 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.45 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU 0.05 **2015 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code

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

Result: Maintain

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 Est Medicare Utilization:** 15,597

2007 Work RVU: 2.43 **2015 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2015 NF PE RVU:** 11.43
2007 Fac PE RVU 0.77 **2015 Fac PE RVU:** 0.74

RUC Recommendation: Remove from re-review.

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

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 Est Medicare Utilization:** 19,872

2007 Work RVU: 2.01 **2015 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2015 NF PE RVU:** 10.03
2007 Fac PE RVU 0.65 **2015 Fac PE RVU:** 0.59

RUC Recommendation: Remove from re-review

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

Result: Remove from screen

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 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2015 Work RVU:**
2007 NF PE RVU: 11.87 **2015 NF PE RVU:**
2007 Fac PE RVU 0.64 **2015 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 Est Medicare Utilization:** 339,812

2007 Work RVU: **2015 Work RVU:** 3.72
2007 NF PE RVU: **2015 NF PE RVU:** 19.51
2007 Fac PE RVU **2015 Fac PE RVU:** 1.18

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008 **Result:** Decrease
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 Est Medicare Utilization:** 67,639

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 6.31
2007 Fac PE RVU **2015 Fac PE RVU:** 0.30

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Est Medicare Utilization:** 46,018

2007 Work RVU: 4.67 **2015 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2015 NF PE RVU:** 26.64
2007 Fac PE RVU 1.65 **2015 Fac PE RVU:** 1.48

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 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Est Medicare Utilization:** 4,926

2007 Work RVU: 5.27 **2015 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2015 NF PE RVU:** 27.04
2007 Fac PE RVU 1.82 **2015 Fac PE RVU:** 1.69

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 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, AUR, ACR, ASNR, SIR **First Identified:** April 2011 **2014 Est Medicare Utilization:** 4,447

2007 Work RVU: 6.29 **2015 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2015 NF PE RVU:** 46.36
2007 Fac PE RVU 2.17 **2015 Fac PE RVU:** 1.95

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

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 Est Medicare Utilization:** 3,181

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** 26.11
2007 Fac PE RVU **2015 Fac PE RVU:** 1.26

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 Est Medicare Utilization:** 12,400

2007 Work RVU: **2015 Work RVU:** 5.53
2007 NF PE RVU: **2015 NF PE RVU:** 29.31
2007 Fac PE RVU **2015 Fac PE RVU:** 1.87

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 34,593

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** 35.98
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 31,271

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 45.91
2007 Fac PE RVU **2015 Fac PE RVU:** 2.58

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 Est Medicare Utilization:** 13,125

2007 Work RVU: **2015 Work RVU:** 6.00
2007 NF PE RVU: **2015 NF PE RVU:** 34.41
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 29,427

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 44.68
2007 Fac PE RVU **2015 Fac PE RVU:** 2.55

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 Est Medicare Utilization:** 9,304

2007 Work RVU: **2015 Work RVU:** 2.09
2007 NF PE RVU: **2015 NF PE RVU:** 4.87
2007 Fac PE RVU **2015 Fac PE RVU:** 0.79

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 Est Medicare Utilization:** 3,109

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 30.62
2007 Fac PE RVU **2015 Fac PE RVU:** 1.61

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 47,456

2007 Work RVU: 4.67 **2015 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2015 NF PE RVU:** 33.19
2007 Fac PE RVU 1.78 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 38,445

2007 Work RVU: 5.27 **2015 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2015 NF PE RVU:** 19.11
2007 Fac PE RVU 1.84 **2015 Fac PE RVU:** 1.57

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 Est Medicare Utilization:** 60,296

2007 Work RVU: 6.29 **2015 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2015 NF PE RVU:** 37.47
2007 Fac PE RVU 2.17 **2015 Fac PE RVU:** 1.89

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Increase

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

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 Est Medicare Utilization:** 21,182

2007 Work RVU: 1.01 **2015 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2015 NF PE RVU:** 3.22
2007 Fac PE RVU 0.35 **2015 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 Est Medicare Utilization:** 4,918

2007 Work RVU: **2015 Work RVU:** 5.35
2007 NF PE RVU: **2015 NF PE RVU:** 34.06
2007 Fac PE RVU **2015 Fac PE RVU:** 1.80

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 Est Medicare Utilization:** 14,697

2007 Work RVU: **2015 Work RVU:** 6.99
2007 NF PE RVU: **2015 NF PE RVU:** 35.46
2007 Fac PE RVU **2015 Fac PE RVU:** 2.42

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 1,240

2007 Work RVU: **2015 Work RVU:** 7.55
2007 NF PE RVU: **2015 NF PE RVU:** 55.96
2007 Fac PE RVU **2015 Fac PE RVU:** 2.49

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 322

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 52.82
2007 Fac PE RVU **2015 Fac PE RVU:** 2.78

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 Est Medicare Utilization:** 206,185

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.05 **2015 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 95,562

2007 Work RVU: 6.72 **2015 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2015 NF PE RVU:** 37.25
2007 Fac PE RVU 2.39 **2015 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

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 Est Medicare Utilization:** 9,169

2007 Work RVU: 3.38 **2015 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU 1.08 **2015 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 Est Medicare Utilization:** 82,341

2007 Work RVU: 6.72 **2015 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2015 NF PE RVU:** 27.81
2007 Fac PE RVU 2.41 **2015 Fac PE RVU:** 1.81

RUC Recommendation: 5.30 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 12,309

2007 Work RVU: 3.38 **2015 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2015 NF PE RVU:** 5.62
2007 Fac PE RVU 1.1 **2015 Fac PE RVU:** 0.82

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 643

2007 Work RVU: 6.98 **2015 Work RVU:** 6.98
2007 NF PE RVU: NA **2015 NF PE RVU:** 50.94
2007 Fac PE RVU 2.46 **2015 Fac PE RVU:** 2.55

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 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,911

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2015 NF PE RVU:** 57.27
2007 Fac PE RVU 0.46 **2015 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

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: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 558,861

2007 Work RVU: 1.15 **2015 Work RVU:** 1.15
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2015 Fac PE RVU:** 0.22

RUC Recommendation: **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 Est Medicare Utilization:** 6,784

2007 Work RVU: 11.81 **2015 Work RVU:** 12.39
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2015 Fac PE RVU:** 5.17

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 Est Medicare Utilization:** 10,517

2007 Work RVU: 14.39 **2015 Work RVU:** 13.29
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2015 Fac PE RVU:** 5.28

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 Est Medicare Utilization:** 2,248

2007 Work RVU: 14.39 **2015 Work RVU:** 13.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2015 Fac PE RVU:** 5.39

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 Est Medicare Utilization:** 33,573

2007 Work RVU: 9.15 **2015 Work RVU:** 11.90
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2015 Fac PE RVU:** 4.95

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 Est Medicare Utilization: 935

2007 Work RVU: 5.51 **2015 Work RVU:**

2007 NF PE RVU: NA **2015 NF PE RVU:**

2007 Fac PE RVU 4.23 **2015 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 Est Medicare Utilization: 2,819

2007 Work RVU: 10.00 **2015 Work RVU:** 14.17

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 4.87 **2015 Fac PE RVU:** 6.17

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 Est Medicare Utilization: 22,437

2007 Work RVU: 12.00 **2015 Work RVU:** 12.03

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 4.98 **2015 Fac PE RVU:** 4.90

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 Est Medicare Utilization:**

2007 Work RVU: 11.11 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.68 **2015 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?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2014 Est Medicare Utilization:** 58,749

2007 Work RVU: 5.17 **2015 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2015 NF PE RVU:** 46.25
2007 Fac PE RVU 2.99 **2015 Fac PE RVU:** 2.85

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: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

369X2

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

369X3

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

369X4

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

Status Report: CMS Requests and Relativity Assessment Issues

369X5

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

369X6

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

369X7

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

369X8

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

369X9

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
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 Est Medicare Utilization:** 801

2007 Work RVU: 7.99 **2015 Work RVU:** 7.99
2007 NF PE RVU: NA **2015 NF PE RVU:** 159.33
2007 Fac PE RVU 2.89 **2015 Fac PE RVU:** 2.75

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 Est Medicare Utilization:** 48,723

2007 Work RVU: **2015 Work RVU:** 4.71
2007 NF PE RVU: **2015 NF PE RVU:** 69.55
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 51

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 39.77
2007 Fac PE RVU **2015 Fac PE RVU:** 2.87

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 Est Medicare Utilization:** 5,111

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 37.23
2007 Fac PE RVU **2015 Fac PE RVU:** 2.29

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 Est Medicare Utilization:**

2007 Work RVU: 4.99 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.43 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 5.02 **2015 Work RVU:**
2007 NF PE RVU: 31.87 **2015 NF PE RVU:**
2007 Fac PE RVU 1.98 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 18.11 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.75 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 8.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.77 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.12 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.46 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 8.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.98 **2015 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:**

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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 Est Medicare Utilization:**

2007 Work RVU: 4.12 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.3 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.27 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.72 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 10.60 **2015 Work RVU:**
2007 NF PE RVU: 46.03 **2015 NF PE RVU:**
2007 Fac PE RVU 3.13 **2015 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:**

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 Est Medicare Utilization:** 10,260

2007 Work RVU: **2015 Work RVU:** 8.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.29

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 Est Medicare Utilization:** 3,426

2007 Work RVU: **2015 Work RVU:** 7.06
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.01

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 Est Medicare Utilization:** 3,549

2007 Work RVU: **2015 Work RVU:** 5.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.51

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 6,171

2007 Work RVU: **2015 Work RVU:** 2.74
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 0.82

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 Est Medicare Utilization:** 11,279

2007 Work RVU: **2015 Work RVU:** 8.15
2007 NF PE RVU: **2015 NF PE RVU:** 80.02
2007 Fac PE RVU **2015 Fac PE RVU:** 2.33

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 Est Medicare Utilization:** 39,360

2007 Work RVU: **2015 Work RVU:** 10.00
2007 NF PE RVU: **2015 NF PE RVU:** 120.47
2007 Fac PE RVU **2015 Fac PE RVU:** 2.90

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 3,133

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 20.69
2007 Fac PE RVU **2015 Fac PE RVU:** 0.97

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 Est Medicare Utilization:** 5,329

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 68.71
2007 Fac PE RVU **2015 Fac PE RVU:** 1.16

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 Est Medicare Utilization:** 30,636

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 98.23
2007 Fac PE RVU **2015 Fac PE RVU:** 2.61

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 Est Medicare Utilization:** 30,808

2007 Work RVU: **2015 Work RVU:** 12.00
2007 NF PE RVU: **2015 NF PE RVU:** 299.17
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 33,657

2007 Work RVU: **2015 Work RVU:** 10.49
2007 NF PE RVU: **2015 NF PE RVU:** 245.30
2007 Fac PE RVU **2015 Fac PE RVU:** 3.07

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 Est Medicare Utilization:** 17,346

2007 Work RVU: **2015 Work RVU:** 14.50
2007 NF PE RVU: **2015 NF PE RVU:** 406.09
2007 Fac PE RVU **2015 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:**

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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 Est Medicare Utilization:** 27,374

2007 Work RVU: **2015 Work RVU:** 11.00
2007 NF PE RVU: **2015 NF PE RVU:** 141.81
2007 Fac PE RVU **2015 Fac PE RVU:** 3.11

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 Est Medicare Utilization:** 22,329

2007 Work RVU: **2015 Work RVU:** 14.05
2007 NF PE RVU: **2015 NF PE RVU:** 292.49
2007 Fac PE RVU **2015 Fac PE RVU:** 4.15

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 Est Medicare Utilization:** 3,421

2007 Work RVU: **2015 Work RVU:** 13.80
2007 NF PE RVU: **2015 NF PE RVU:** 219.91
2007 Fac PE RVU **2015 Fac PE RVU:** 4.15

RUC Recommendation: 13.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 1,679

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** 362.05
2007 Fac PE RVU **2015 Fac PE RVU:** 4.51

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 Est Medicare Utilization:** 9,181

2007 Work RVU: **2015 Work RVU:** 4.00
2007 NF PE RVU: **2015 NF PE RVU:** 29.77
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 4,841

2007 Work RVU: **2015 Work RVU:** 6.50
2007 NF PE RVU: **2015 NF PE RVU:** 34.00
2007 Fac PE RVU **2015 Fac PE RVU:** 1.82

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 407

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** 103.68
2007 Fac PE RVU **2015 Fac PE RVU:** 1.67

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 Est Medicare Utilization:** 137

2007 Work RVU: **2015 Work RVU:** 7.80
2007 NF PE RVU: **2015 NF PE RVU:** 109.15
2007 Fac PE RVU **2015 Fac PE RVU:** 2.11

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 Est Medicare Utilization:** 15,603

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 107.42
2007 Fac PE RVU **2015 Fac PE RVU:** 2.71

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,418

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 65.60
2007 Fac PE RVU **2015 Fac PE RVU:** 1.17

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 Est Medicare Utilization:** 34,543

2007 Work RVU: **2015 Work RVU:** 6.29
2007 NF PE RVU: **2015 NF PE RVU:** 109.59
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 3,430

2007 Work RVU: **2015 Work RVU:** 2.97
2007 NF PE RVU: **2015 NF PE RVU:** 54.14
2007 Fac PE RVU **2015 Fac PE RVU:** 0.82

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 16,365

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** 120.55
2007 Fac PE RVU **2015 Fac PE RVU:** 2.83

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 Est Medicare Utilization:** 7,482

2007 Work RVU: **2015 Work RVU:** 10.05
2007 NF PE RVU: **2015 NF PE RVU:** 208.96
2007 Fac PE RVU **2015 Fac PE RVU:** 3.13

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 Est Medicare Utilization:** 13,326

2007 Work RVU: **2015 Work RVU:** 11.99
2007 NF PE RVU: **2015 NF PE RVU:** 264.58
2007 Fac PE RVU **2015 Fac PE RVU:** 3.72

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

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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 Est Medicare Utilization:** 8,413

2007 Work RVU: **2015 Work RVU:** 14.00
2007 NF PE RVU: **2015 NF PE RVU:** 178.83
2007 Fac PE RVU **2015 Fac PE RVU:** 4.33

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 Est Medicare Utilization:** 9,027

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2015 Fac PE RVU:** 0.57

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 Est Medicare Utilization:** 8,534

2007 Work RVU: 1.60 **2015 Work RVU:** 1.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.54 **2015 Fac PE RVU:** 0.40

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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3725X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.80 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

3725X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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: **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:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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

372X2

Global: **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:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

372X3

Global: **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:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

372X4

Global: **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:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 16,133

2007 Work RVU: 3.02 **2015 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2015 NF PE RVU:** 5.23
2007 Fac PE RVU 1.93 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 108

2007 Work RVU: **2015 Work RVU:** 30.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 10.96

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 Est Medicare Utilization:**

2007 Work RVU: 11.49 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.52 **2015 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:**

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 Est Medicare Utilization:** 335

2007 Work RVU: 10.69 **2015 Work RVU:** 10.78
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2015 Fac PE RVU:** 4.76

RUC Recommendation: 10.69 **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 661

2007 Work RVU: **2015 Work RVU:** 9.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 5.12

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 Est Medicare Utilization:** 15,250

2007 Work RVU: 7.63 **2015 Work RVU:** 7.71
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.57
2007 Fac PE RVU 4.36 **2015 Fac PE RVU:** 3.86

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 Est Medicare Utilization:** 11,786

2007 Work RVU: 9.58 **2015 Work RVU:** 9.66
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.77
2007 Fac PE RVU 5.01 **2015 Fac PE RVU:** 4.44

RUC Recommendation: Review September 2016. Non-Facility PE Inputs. **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,909

2007 Work RVU: 3.87 **2015 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2015 NF PE RVU:** 5.56
2007 Fac PE RVU 2.69 **2015 Fac PE RVU:** 2.92

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

38221 **Bone marrow; biopsy, needle or trocar**

Global: XXX **Issue:** Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2014 Est Medicare Utilization:** 125,426

2007 Work RVU: 1.37 **2015 Work RVU:** 1.37
2007 NF PE RVU: 3.64 **2015 NF PE RVU:** 3.29
2007 Fac PE RVU 0.63 **2015 Fac PE RVU:** 0.69

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

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 Est Medicare Utilization:** 757

2007 Work RVU: 6.08 **2015 Work RVU:** 7.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2015 Fac PE RVU:** 5.59

RUC Recommendation: 7.85
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

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 Est Medicare Utilization:** 1,566

2007 Work RVU: 9.28 **2015 Work RVU:** 9.34
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2015 Fac PE RVU:** 4.58

RUC Recommendation: 9.34
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 Est Medicare Utilization:** 10,458

2007 Work RVU: 14.70 **2015 Work RVU:** 14.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2015 Fac PE RVU:** 6.32

RUC Recommendation: 12.00
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,383

2007 Work RVU: 16.86 **2015 Work RVU:** 16.94
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2015 Fac PE RVU:** 8.15

RUC Recommendation: 15.60 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 8,361

2007 Work RVU: 8.00 **2015 Work RVU:** 8.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.68 **2015 Fac PE RVU:** 4.81

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

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

3940X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 5.44 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

3940X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 7.50 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 34,619

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.61 **2015 Fac PE RVU:** 0.73

RUC Recommendation: 1.22

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

Result: Maintain

40650 **Repair lip, full thickness; vermilion only**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 345

2007 Work RVU: 3.69 **2015 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2015 NF PE RVU:** 8.23
2007 Fac PE RVU 3.26 **2015 Fac PE RVU:** 4.26

RUC Recommendation: Action plan

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

Result:

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 Est Medicare Utilization:** 1,297

2007 Work RVU: 1.19 **2015 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2015 NF PE RVU:** 4.75
2007 Fac PE RVU 1.8 **2015 Fac PE RVU:** 2.45

RUC Recommendation: Maintain

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

Result: Maintain

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 Est Medicare Utilization:** 6,285

2007 Work RVU: 2.33 **2015 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2015 NF PE RVU:** 5.67
2007 Fac PE RVU 2.37 **2015 Fac PE RVU:** 3.06

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 964

2007 Work RVU: 1.30 **2015 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2015 NF PE RVU:** 6.21
2007 Fac PE RVU 2.54 **2015 Fac PE RVU:** 3.51

RUC Recommendation: Maintain

CPT Action (if applicable):

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

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 010 **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 Est Medicare Utilization: 3,065

2007 Work RVU: **2015 Work RVU:** 4.51
2007 NF PE RVU: **2015 NF PE RVU:** 87.26
2007 Fac PE RVU **2015 Fac PE RVU:** 6.88

RUC Recommendation: 3.50

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 1,072

2007 Work RVU: 9.63 **2015 Work RVU:** 9.78
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2015 Fac PE RVU:** 9.24

RUC Recommendation: 9.63

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 5,269

2007 Work RVU: 17.99 **2015 Work RVU:** 17.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2015 Fac PE RVU:** 10.86

RUC Recommendation: 18.12

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 1,589

2007 Work RVU: 20.87 **2015 Work RVU:** 19.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2015 Fac PE RVU:** 11.93

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 1,985

2007 Work RVU: 7.05 **2015 Work RVU:** 6.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2015 Fac PE RVU:** 4.88

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 Est Medicare Utilization:** 2,149

2007 Work RVU: **2015 Work RVU:** 2.49
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.61

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 Est Medicare Utilization:** 76

2007 Work RVU: **2015 Work RVU:** 2.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.75

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 Est Medicare Utilization:** 191

2007 Work RVU: **2015 Work RVU:** 2.79
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.74

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

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

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 Est Medicare Utilization:** 151

2007 Work RVU: **2015 Work RVU:** 3.51
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.55

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 Est Medicare Utilization:** 290

2007 Work RVU: **2015 Work RVU:** 3.07
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.88

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 Est Medicare Utilization:** 263

2007 Work RVU: **2015 Work RVU:** 3.31
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.95

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

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 Est Medicare Utilization:** 1,345

2007 Work RVU: **2015 Work RVU:** 1.52
2007 NF PE RVU: **2015 NF PE RVU:** 3.65
2007 Fac PE RVU **2015 Fac PE RVU:** 0.66

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 277

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.97
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 10,009

2007 Work RVU: 1.59 **2015 Work RVU:** 1.52
2007 NF PE RVU: 3.98 **2015 NF PE RVU:** 5.99
2007 Fac PE RVU 1.04 **2015 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 Est Medicare Utilization:** 386

2007 Work RVU: 2.09 **2015 Work RVU:** 1.82
2007 NF PE RVU: 4.86 **2015 NF PE RVU:** 5.82
2007 Fac PE RVU 1.12 **2015 Fac PE RVU:** 1.12

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,247

2007 Work RVU: 1.89 **2015 Work RVU:** 1.82
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 8.29
2007 Fac PE RVU 0.95 **2015 Fac PE RVU:** 1.12

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain

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

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 Est Medicare Utilization:** 20

2007 Work RVU: 3.76 **2015 Work RVU:** 2.43
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2015 Fac PE RVU:** 1.44

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 Est Medicare Utilization:** 230

2007 Work RVU: 3.78 **2015 Work RVU:** 2.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2015 Fac PE RVU:** 1.46

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 Est Medicare Utilization:** 57

2007 Work RVU: **2015 Work RVU:** 2.39
2007 NF PE RVU: **2015 NF PE RVU:** 6.70
2007 Fac PE RVU **2015 Fac PE RVU:** 1.35

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

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

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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 Est Medicare Utilization:** 139

2007 Work RVU: **2015 Work RVU:** 4.30
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.30

RUC Recommendation: 4.58 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 555

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.66

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 Est Medicare Utilization:** 488

2007 Work RVU: **2015 Work RVU:** 4.73
2007 NF PE RVU: **2015 NF PE RVU:** 29.91
2007 Fac PE RVU **2015 Fac PE RVU:** 2.42

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 Est Medicare Utilization:** 190

2007 Work RVU: **2015 Work RVU:** 3.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.86

RUC Recommendation: 3.78 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,237

2007 Work RVU: 2.60 **2015 Work RVU:** 2.54
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.76
2007 Fac PE RVU 1.22 **2015 Fac PE RVU:** 1.39

RUC Recommendation: 2.60 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 41

2007 Work RVU: 2.40 **2015 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2015 NF PE RVU:** 9.29
2007 Fac PE RVU 1.1 **2015 Fac PE RVU:** 1.43

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 Est Medicare Utilization:** 127

2007 Work RVU: 2.90 **2015 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2015 NF PE RVU:** 9.45
2007 Fac PE RVU 1.25 **2015 Fac PE RVU:** 1.56

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 Est Medicare Utilization:**

2007 Work RVU: 2.80 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.4 **2015 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:**

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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 Est Medicare Utilization:** 2,222

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** 30.07
2007 Fac PE RVU 1.01 **2015 Fac PE RVU:** 1.25

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,046

2007 Work RVU: 2.34 **2015 Work RVU:** 2.34
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.20
2007 Fac PE RVU 1.1 **2015 Fac PE RVU:** 1.33

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 Est Medicare Utilization:** 399

2007 Work RVU: 3.59 **2015 Work RVU:** 2.99
2007 NF PE RVU: NA **2015 NF PE RVU:** 7.88
2007 Fac PE RVU 1.55 **2015 Fac PE RVU:** 1.64

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 Est Medicare Utilization:**

2007 Work RVU: 3.76 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.63 **2015 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:**

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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 Est Medicare Utilization:** 4,736

2007 Work RVU: **2015 Work RVU:** 3.59
2007 NF PE RVU: **2015 NF PE RVU:** 16.75
2007 Fac PE RVU **2015 Fac PE RVU:** 1.93

RUC Recommendation: 3.72 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 472

2007 Work RVU: 3.19 **2015 Work RVU:** 2.90
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.27
2007 Fac PE RVU 1.42 **2015 Fac PE RVU:** 1.63

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 Est Medicare Utilization:** 382

2007 Work RVU: 4.47 **2015 Work RVU:** 3.69
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.59
2007 Fac PE RVU 1.96 **2015 Fac PE RVU:** 1.88

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 Est Medicare Utilization:** 1,501

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.15

RUC Recommendation: 4.45 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 2.01 **2015 Work RVU:**
2007 NF PE RVU: 5.23 **2015 NF PE RVU:**
2007 Fac PE RVU 0.91 **2015 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:**

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 Est Medicare Utilization:** 362,535

2007 Work RVU: 2.39 **2015 Work RVU:** 2.19
2007 NF PE RVU: 5.19 **2015 NF PE RVU:** 6.47
2007 Fac PE RVU 1.11 **2015 Fac PE RVU:** 1.30

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 Est Medicare Utilization:** 15,489

2007 Work RVU: 2.92 **2015 Work RVU:** 2.49
2007 NF PE RVU: 6.47 **2015 NF PE RVU:** 8.35
2007 Fac PE RVU 1.33 **2015 Fac PE RVU:** 1.45

RUC Recommendation: 2.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun

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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 Est Medicare Utilization:** 5,154

2007 Work RVU: 3.98 **2015 Work RVU:** 3.57
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2015 Fac PE RVU:** 1.92

RUC Recommendation: 3.85 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,885

2007 Work RVU: 5.02 **2015 Work RVU:** 4.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2015 Fac PE RVU:** 2.24

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 Est Medicare Utilization:** 1,409,528

2007 Work RVU: 2.87 **2015 Work RVU:** 2.49
2007 NF PE RVU: 5.79 **2015 NF PE RVU:** 8.63
2007 Fac PE RVU 1.29 **2015 Fac PE RVU:** 1.44

RUC Recommendation: 2.56 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 524

2007 Work RVU: 6.85 **2015 Work RVU:** 7.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2015 Fac PE RVU:** 3.58

RUC Recommendation: 7.25 **CPT Action (if applicable):** February 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,596

2007 Work RVU: 2.59 **2015 Work RVU:** 2.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2015 Fac PE RVU:** 1.43

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 Est Medicare Utilization:** 28,390

2007 Work RVU: 7.30 **2015 Work RVU:** 4.83
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2015 Fac PE RVU:** 2.53

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

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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 Est Medicare Utilization:** 1,558

2007 Work RVU: 4.56 **2015 Work RVU:** 4.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2015 Fac PE RVU:** 2.24

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 18,696

2007 Work RVU: 5.04 **2015 Work RVU:** 4.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2015 Fac PE RVU:** 2.38

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 Est Medicare Utilization:** 13,665

2007 Work RVU: 3.18 **2015 Work RVU:** 3.18
2007 NF PE RVU: NA **2015 NF PE RVU:** 14.00
2007 Fac PE RVU 1.39 **2015 Fac PE RVU:** 1.70

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 Est Medicare Utilization:** 98,374

2007 Work RVU: 4.32 **2015 Work RVU:** 3.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2015 Fac PE RVU:** 1.86

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 27,949

2007 Work RVU: 3.38 **2015 Work RVU:** 3.21
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.01
2007 Fac PE RVU 1.48 **2015 Fac PE RVU:** 1.75

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 103,502

2007 Work RVU: 3.15 **2015 Work RVU:** 3.01
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.38
2007 Fac PE RVU 1.43 **2015 Fac PE RVU:** 1.69

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 Est Medicare Utilization:** 98,025

2007 Work RVU: 2.90 **2015 Work RVU:** 2.77
2007 NF PE RVU: NA **2015 NF PE RVU:** 27.85
2007 Fac PE RVU 1.32 **2015 Fac PE RVU:** 1.57

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 Est Medicare Utilization:** 5,646

2007 Work RVU: 3.20 **2015 Work RVU:** 3.07
2007 NF PE RVU: NA **2015 NF PE RVU:** 9.56
2007 Fac PE RVU 1.4 **2015 Fac PE RVU:** 1.65

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 Est Medicare Utilization:** 28,474

2007 Work RVU: 3.69 **2015 Work RVU:** 3.57
2007 NF PE RVU: NA **2015 NF PE RVU:** 10.33
2007 Fac PE RVU 1.6 **2015 Fac PE RVU:** 1.93

RUC Recommendation: 3.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,014

2007 Work RVU: **2015 Work RVU:** 4.83
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.53

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 Est Medicare Utilization:** 2,702

2007 Work RVU: **2015 Work RVU:** 4.97
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.55

RUC Recommendation: 5.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:** 54,432

2007 Work RVU: 4.81 **2015 Work RVU:** 3.66
2007 NF PE RVU: NA **2015 NF PE RVU:** 8.22
2007 Fac PE RVU 2.05 **2015 Fac PE RVU:** 1.99

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 4.34 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.85 **2015 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 Est Medicare Utilization:** 196

2007 Work RVU: 5.50 **2015 Work RVU:** 4.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2015 Fac PE RVU:** 2.20

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 4.54 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.94 **2015 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:**

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 Est Medicare Utilization:** 38,121

2007 Work RVU: 5.19 **2015 Work RVU:** 4.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2015 Fac PE RVU:** 2.21

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 Est Medicare Utilization:** 7,707

2007 Work RVU: 5.95 **2015 Work RVU:** 5.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2015 Fac PE RVU:** 3.03

RUC Recommendation: 5.95 **CPT Action (if applicable):** February 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 7,645

2007 Work RVU: 6.26 **2015 Work RVU:** 6.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2015 Fac PE RVU:** 3.15

RUC Recommendation: 6.25 **CPT Action (if applicable):** January 2013 **Result:** Decrease

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

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 Est Medicare Utilization:** 34,558

2007 Work RVU: 7.38 **2015 Work RVU:** 6.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2015 Fac PE RVU:** 3.31

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 Est Medicare Utilization:** 339

2007 Work RVU: 7.28 **2015 Work RVU:** 6.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2015 Fac PE RVU:** 3.32

RUC Recommendation: 7.28 **CPT Action (if applicable):** February 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 46,297

2007 Work RVU: 8.89 **2015 Work RVU:** 6.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2015 Fac PE RVU:** 3.37

RUC Recommendation: 6.73 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,628

2007 Work RVU: 10.00 **2015 Work RVU:** 8.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2015 Fac PE RVU:** 3.95

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 Est Medicare Utilization:** 4,489

2007 Work RVU: **2015 Work RVU:** 4.17
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 2.11

RUC Recommendation: 4.40 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.01 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.15 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 8.20 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.35 **2015 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

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 Est Medicare Utilization:** 17,098

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 16.87
2007 Fac PE RVU **2015 Fac PE RVU:** 2.25

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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.03 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 7.38 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.05 **2015 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

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 Est Medicare Utilization:** 4,285

2007 Work RVU: **2015 Work RVU:** 2.24
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.02

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 Est Medicare Utilization:** 36,414

2007 Work RVU: **2015 Work RVU:** 8.58
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.20

RUC Recommendation: 8.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 11,413

2007 Work RVU: **2015 Work RVU:** 6.96
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.47

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 Est Medicare Utilization:** 11,737

2007 Work RVU: **2015 Work RVU:** 8.94
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.36

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 Est Medicare Utilization:** 6,236

2007 Work RVU: **2015 Work RVU:** 7.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.49

RUC Recommendation: 7.11 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 433

2007 Work RVU: **2015 Work RVU:** 8.02
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.95

RUC Recommendation: 8.08 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 74,082

2007 Work RVU: 1.38 **2015 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2015 NF PE RVU:** 4.53
2007 Fac PE RVU 0.75 **2015 Fac PE RVU:** 0.95

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 Est Medicare Utilization:** 2,452

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2015 NF PE RVU:** 26.19
2007 Fac PE RVU 0.8 **2015 Fac PE RVU:** 1.00

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 Est Medicare Utilization:**

2007 Work RVU: 2.57 **2015 Work RVU:**
2007 NF PE RVU: 13.55 **2015 NF PE RVU:**
2007 Fac PE RVU 1.2 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 3.06 **2015 Work RVU:**
2007 NF PE RVU: 6.72 **2015 NF PE RVU:**
2007 Fac PE RVU 1.37 **2015 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

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?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 11,121

2007 Work RVU: 27.63 **2015 Work RVU:** 27.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.6 **2015 Fac PE RVU:** 14.17

RUC Recommendation: Action plan **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:** 10,587

2007 Work RVU: 22.86 **2015 Work RVU:** 22.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2015 Fac PE RVU:** 11.04

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 Est Medicare Utilization:** 7,810

2007 Work RVU: 31.79 **2015 Work RVU:** 31.92
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2015 Fac PE RVU:** 14.51

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

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 Est Medicare Utilization:** 2,419

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.6 **2015 Fac PE RVU:** 0.76

RUC Recommendation: 0.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:** 1,476

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.67 **2015 Fac PE RVU:** 0.88

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 Est Medicare Utilization:** 205

2007 Work RVU: 2.94 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.36 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 3.11 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,291

2007 Work RVU: 1.82 **2015 Work RVU:** 1.82
2007 NF PE RVU: 3.73 **2015 NF PE RVU:** 5.50
2007 Fac PE RVU 0.79 **2015 Fac PE RVU:** 1.02

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 Est Medicare Utilization:** 1,182

2007 Work RVU: 2.12 **2015 Work RVU:** 2.12
2007 NF PE RVU: 6.66 **2015 NF PE RVU:** 7.67
2007 Fac PE RVU 0.93 **2015 Fac PE RVU:** 1.23

RUC Recommendation: 1.60 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,570

2007 Work RVU: 2.82 **2015 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2015 NF PE RVU:** 6.77
2007 Fac PE RVU 1.21 **2015 Fac PE RVU:** 1.51

RUC Recommendation: 2.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,159

2007 Work RVU: 3.13 **2015 Work RVU:** 3.13
2007 NF PE RVU: 6.73 **2015 NF PE RVU:** 7.66
2007 Fac PE RVU 1.35 **2015 Fac PE RVU:** 1.69

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 Est Medicare Utilization:** 25

2007 Work RVU: 3.82 **2015 Work RVU:** 3.82
2007 NF PE RVU: 7.32 **2015 NF PE RVU:** 8.84
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 2.08

RUC Recommendation: 3.82

CPT Action (if applicable): October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 176

2007 Work RVU: 4.31 **2015 Work RVU:** 4.31
2007 NF PE RVU: 8.78 **2015 NF PE RVU:** 9.25
2007 Fac PE RVU 1.83 **2015 Fac PE RVU:** 2.25

RUC Recommendation: 4.22

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 592

2007 Work RVU: 3.81 **2015 Work RVU:** 3.81
2007 NF PE RVU: 6.78 **2015 NF PE RVU:** 8.15
2007 Fac PE RVU 1.55 **2015 Fac PE RVU:** 1.91

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 Est Medicare Utilization:** 140

2007 Work RVU: 4.83 **2015 Work RVU:**
2007 NF PE RVU: 7.14 **2015 NF PE RVU:**
2007 Fac PE RVU 1.91 **2015 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:**

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 Est Medicare Utilization:** 1,454

2007 Work RVU: 4.42 **2015 Work RVU:** 4.42
2007 NF PE RVU: 7.97 **2015 NF PE RVU:** 9.04
2007 Fac PE RVU 1.81 **2015 Fac PE RVU:** 2.24

RUC Recommendation: 4.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 9

2007 Work RVU: 4.70 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.93 **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.96 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 3.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 5.06 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.24 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 25.61 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **2015 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 Est Medicare Utilization:** 19,064

2007 Work RVU: 9.35 **2015 Work RVU:** 9.45
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2015 Fac PE RVU:** 5.71

RUC Recommendation: Remove from screen

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

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 Est Medicare Utilization:**

2007 Work RVU: 12.48 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.28 **2015 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 Est Medicare Utilization:** 2,952

2007 Work RVU: **2015 Work RVU:** 8.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 7.65

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

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 Est Medicare Utilization:** 2,011

2007 Work RVU: **2015 Work RVU:** 12.13
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 9.13

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 Est Medicare Utilization:** 55,734

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.80
2007 Fac PE RVU 0.53 **2015 Fac PE RVU:** 0.72

RUC Recommendation: 0.84 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 35,827

2007 Work RVU: 1.15 **2015 Work RVU:** 1.15
2007 NF PE RVU: 3.11 **2015 NF PE RVU:** 3.32
2007 Fac PE RVU 0.64 **2015 Fac PE RVU:** 0.84

RUC Recommendation: 1.14 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 312

2007 Work RVU: 1.79 **2015 Work RVU:** 1.79
2007 NF PE RVU: 5.15 **2015 NF PE RVU:** 6.24
2007 Fac PE RVU 0.86 **2015 Fac PE RVU:** 1.10

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 Est Medicare Utilization:** 1,308

2007 Work RVU: 1.79 **2015 Work RVU:** 1.79
2007 NF PE RVU: 5.06 **2015 NF PE RVU:** 6.38
2007 Fac PE RVU 0.85 **2015 Fac PE RVU:** 1.09

RUC Recommendation: 1.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,260

2007 Work RVU: 2.73 **2015 Work RVU:** 2.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.24 **2015 Fac PE RVU:** 1.55

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,919

2007 Work RVU: 1.46 **2015 Work RVU:** 1.46
2007 NF PE RVU: 3.74 **2015 NF PE RVU:** 6.14
2007 Fac PE RVU 0.75 **2015 Fac PE RVU:** 0.96

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 Est Medicare Utilization:** 947

2007 Work RVU: 2.36 **2015 Work RVU:** 2.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2015 Fac PE RVU:** 1.36

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,754

2007 Work RVU: 2.34 **2015 Work RVU:** 2.34
2007 NF PE RVU: 5.37 **2015 NF PE RVU:** 6.39
2007 Fac PE RVU 1.07 **2015 Fac PE RVU:** 1.35

RUC Recommendation: 2.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,576

2007 Work RVU: 3.14 **2015 Work RVU:**
2007 NF PE RVU: 4.03 **2015 NF PE RVU:**
2007 Fac PE RVU 1.38 **2015 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 Est Medicare Utilization:** 1,197

2007 Work RVU: 1.89 **2015 Work RVU:** 1.89
2007 NF PE RVU: 7.18 **2015 NF PE RVU:** 11.67
2007 Fac PE RVU 0.89 **2015 Fac PE RVU:** 1.14

RUC Recommendation: 1.35 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,514

2007 Work RVU: 2.60 **2015 Work RVU:** 2.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2015 Fac PE RVU:** 1.49

RUC Recommendation: 2.43 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 370

2007 Work RVU: 4.05 **2015 Work RVU:** 4.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2015 Fac PE RVU:** 2.17

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 Est Medicare Utilization:** 510

2007 Work RVU: 2.92 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.26 **2015 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:**

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:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 2.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 3.83 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 1.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 476

2007 Work RVU: 3.51 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.43 **2015 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 Est Medicare Utilization:** 492,754

2007 Work RVU: 3.69 **2015 Work RVU:** 3.69
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 1.94

RUC Recommendation: 3.36

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 827

2007 Work RVU: 4.68 **2015 Work RVU:** 4.68
2007 NF PE RVU: 7.78 **2015 NF PE RVU:** 8.85
2007 Fac PE RVU 1.92 **2015 Fac PE RVU:** 2.38

RUC Recommendation: 4.37

CPT Action (if applicable): October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 929,724

2007 Work RVU: 4.43 **2015 Work RVU:** 4.43
2007 NF PE RVU: 7.33 **2015 NF PE RVU:** 8.09
2007 Fac PE RVU 1.87 **2015 Fac PE RVU:** 2.31

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 Est Medicare Utilization:** 76,915

2007 Work RVU: 4.19 **2015 Work RVU:** 4.19
2007 NF PE RVU: 7.26 **2015 NF PE RVU:** 8.43
2007 Fac PE RVU 1.79 **2015 Fac PE RVU:** 2.20

RUC Recommendation: 3.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

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 Est Medicare Utilization:** 22,630

2007 Work RVU: 5.68 **2015 Work RVU:** 5.68
2007 NF PE RVU: 10.04 **2015 NF PE RVU:** 10.62
2007 Fac PE RVU 2.37 **2015 Fac PE RVU:** 2.89

RUC Recommendation: 4.76 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 48,640

2007 Work RVU: 5.86 **2015 Work RVU:**
2007 NF PE RVU: 8.08 **2015 NF PE RVU:**
2007 Fac PE RVU 2.34 **2015 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 Est Medicare Utilization:** 130,026

2007 Work RVU: 4.69 **2015 Work RVU:** 4.69
2007 NF PE RVU: 6.9 **2015 NF PE RVU:** 7.78
2007 Fac PE RVU 1.93 **2015 Fac PE RVU:** 2.33

RUC Recommendation: 4.17 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 740,778

2007 Work RVU: 5.30 **2015 Work RVU:** 5.30
2007 NF PE RVU: 7.94 **2015 NF PE RVU:** 8.79
2007 Fac PE RVU 2.18 **2015 Fac PE RVU:** 2.69

RUC Recommendation: 4.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,263

2007 Work RVU: 4.57 **2015 Work RVU:** 4.57
2007 NF PE RVU: 12.37 **2015 NF PE RVU:** 13.69
2007 Fac PE RVU 1.89 **2015 Fac PE RVU:** 2.33

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 Est Medicare Utilization:** 618

2007 Work RVU: 5.90 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 2.49 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.98 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 6.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 794

2007 Work RVU: 5.09 **2015 Work RVU:** 5.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2015 Fac PE RVU:** 2.62

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 100

2007 Work RVU: 6.54 **2015 Work RVU:** 6.54
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2015 Fac PE RVU:** 3.25

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 4.30 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,314

2007 Work RVU: 3.48 **2015 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2015 NF PE RVU:** 8.54
2007 Fac PE RVU 3.08 **2015 Fac PE RVU:** 5.12

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 12,420

2007 Work RVU: 1.64 **2015 Work RVU:** 1.69
2007 NF PE RVU: 2.48 **2015 NF PE RVU:** 4.89
2007 Fac PE RVU 1.18 **2015 Fac PE RVU:** 1.77

RUC Recommendation: 1.69

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.17 **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,217

2007 Work RVU: 83.29 **2015 Work RVU:** 83.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2015 Fac PE RVU:** 38.24

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 Est Medicare Utilization:**

2007 Work RVU: 70.39 **2015 Work RVU:** 70.74
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 26.2 **2015 Fac PE RVU:** 33.88

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

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

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 Est Medicare Utilization:** 2,099

2007 Work RVU: 15.19 **2015 Work RVU:** 15.22
2007 NF PE RVU: NA **2015 NF PE RVU:** 125.69
2007 Fac PE RVU 5.83 **2015 Fac PE RVU:** 5.73

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

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 Est Medicare Utilization:** 9,557

2007 Work RVU: 8.05 **2015 Work RVU:** 4.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2015 Fac PE RVU:** 4.39

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 Est Medicare Utilization:** 4,946

2007 Work RVU: 1.96 **2015 Work RVU:** 1.96
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.62 **2015 Fac PE RVU:** 0.65

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

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

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 Est Medicare Utilization:** 16,449

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.24 **2015 Fac PE RVU:** 0.25

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 Est Medicare Utilization:** 1,980

2007 Work RVU: 7.94 **2015 Work RVU:** 8.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2015 Fac PE RVU:** 4.79

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 Est Medicare Utilization:** 4,862

2007 Work RVU: 10.74 **2015 Work RVU:** 10.77
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2015 Fac PE RVU:** 4.87

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

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

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 Est Medicare Utilization:** 12,151

2007 Work RVU: 5.55 **2015 Work RVU:** 1.54
2007 NF PE RVU: 14.8 **2015 NF PE RVU:** 13.11
2007 Fac PE RVU 2.67 **2015 Fac PE RVU:** 0.76

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

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 Est Medicare Utilization:** 200

2007 Work RVU: 5.96 **2015 Work RVU:** 6.05
2007 NF PE RVU: 32.56 **2015 NF PE RVU:** 32.55
2007 Fac PE RVU 3.53 **2015 Fac PE RVU:** 3.53

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: **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.30 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 7.85 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.85 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 9.28 **CPT Action (if applicable):** February 2015 **Result:** Increase

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 7.00 **CPT Action (if applicable):** February 2015 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 3.28 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 54

2007 Work RVU: 4.88 **2015 Work RVU:** 4.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 1.74

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 109,200

2007 Work RVU: 11.63 **2015 Work RVU:** 10.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2015 Fac PE RVU:** 6.09

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization:** 48,447

2007 Work RVU: 12.03 **2015 Work RVU:** 11.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2015 Fac PE RVU:** 6.48

RUC Recommendation: No further action. 12.11

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2014 Est Medicare Utilization:** 11,913

2007 Work RVU: 17.35 **2015 Work RVU:** 17.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2015 Fac PE RVU:** 9.33

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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES **First Identified:** September 2011 **2014 Est Medicare Utilization:** 2,485

2007 Work RVU: 15.90 **2015 Work RVU:** 18.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2015 Fac PE RVU:** 9.67

RUC Recommendation: 21.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

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 Est Medicare Utilization:** 1,548

2007 Work RVU: 4.68 **2015 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2015 NF PE RVU:** 10.08
2007 Fac PE RVU 1.85 **2015 Fac PE RVU:** 1.90

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 20.43 **2015 NF PE RVU:**
2007 Fac PE RVU 1.27 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 20.43 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 3.99 **2015 Work RVU:**
2007 NF PE RVU: 19.33 **2015 NF PE RVU:**
2007 Fac PE RVU 1.27 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 3.69 **2015 Work RVU:**
2007 NF PE RVU: 19.38 **2015 NF PE RVU:**
2007 Fac PE RVU 1.17 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.35 **2015 Work RVU:**
2007 NF PE RVU: 3.63 **2015 NF PE RVU:**
2007 Fac PE RVU 0.45 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.26 **2015 Work RVU:**
2007 NF PE RVU: 2.65 **2015 NF PE RVU:**
2007 Fac PE RVU 0.43 **2015 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

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 Est Medicare Utilization:** 12,845

2007 Work RVU: **2015 Work RVU:** 1.24
2007 NF PE RVU: **2015 NF PE RVU:** 4.10
2007 Fac PE RVU **2015 Fac PE RVU:** 0.76

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 Est Medicare Utilization:** 206,140

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 6.15
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 2,061

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 6,398

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 20.20
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 30,538

2007 Work RVU: **2015 Work RVU:** 4.25
2007 NF PE RVU: **2015 NF PE RVU:** 20.23
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 299

2007 Work RVU: **2015 Work RVU:** 4.50
2007 NF PE RVU: **2015 NF PE RVU:** 15.89
2007 Fac PE RVU **2015 Fac PE RVU:** 1.63

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 Est Medicare Utilization:** 4,533

2007 Work RVU: **2015 Work RVU:** 4.21
2007 NF PE RVU: **2015 NF PE RVU:** 36.06
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.22 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.11 **2015 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 Est Medicare Utilization:** 3,123

2007 Work RVU: 5.87 **2015 Work RVU:** 4.21
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2015 Fac PE RVU:** 1.52

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 Est Medicare Utilization:** 71,188
2007 Work RVU: 7.88 **2015 Work RVU:** 7.96
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2015 Fac PE RVU:** 5.20
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 Est Medicare Utilization:** 11,892
2007 Work RVU: 9.97 **2015 Work RVU:** 9.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2015 Fac PE RVU:** 5.68
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 Est Medicare Utilization:** 2,333
2007 Work RVU: 12.36 **2015 Work RVU:** 11.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2015 Fac PE RVU:** 6.51
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 Est Medicare Utilization:** 9,224
2007 Work RVU: 7.96 **2015 Work RVU:** 7.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2015 Fac PE RVU:** 4.98
RUC Recommendation: 8.04
CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 Est Medicare Utilization:** 7,599

2007 Work RVU: **2015 Work RVU:** 11.92
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 6.80

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 Est Medicare Utilization:** 3,780

2007 Work RVU: **2015 Work RVU:** 14.94
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 8.41

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 Est Medicare Utilization:** 6,544

2007 Work RVU: **2015 Work RVU:** 13.76
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 3,818

2007 Work RVU: **2015 Work RVU:** 16.84
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 21.23 **2015 NF PE RVU:**
2007 Fac PE RVU 1.07 **2015 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 Est Medicare Utilization:** 33,738

2007 Work RVU: 2.63 **2015 Work RVU:** 2.63
2007 NF PE RVU: NA **2015 NF PE RVU:** 14.56
2007 Fac PE RVU 1.24 **2015 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 Est Medicare Utilization:** 9,672

2007 Work RVU: 40.45 **2015 Work RVU:** 39.88
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2015 Fac PE RVU:** 20.99

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 Est Medicare Utilization:** 5,486

2007 Work RVU: 2.00 **2015 Work RVU:** 2.00
2007 NF PE RVU: 16.66 **2015 NF PE RVU:** 13.27
2007 Fac PE RVU 0.65 **2015 Fac PE RVU:** 0.65

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 Est Medicare Utilization:** 21,309

2007 Work RVU: 3.37 **2015 Work RVU:** 3.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.46 **2015 Fac PE RVU:** 1.49

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 Est Medicare Utilization:** 12,329

2007 Work RVU: 4.15 **2015 Work RVU:** 4.15
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2015 Fac PE RVU:** 1.75

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 Est Medicare Utilization:** 22,696

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: 2.45 **2015 NF PE RVU:** 2.13
2007 Fac PE RVU 0.63 **2015 Fac PE RVU:** 0.61

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 Est Medicare Utilization:** 3,647

2007 Work RVU: 3.37 **2015 Work RVU:** 3.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.47 **2015 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 Est Medicare Utilization:** 32,349

2007 Work RVU: 1.46 **2015 Work RVU:** 1.46
2007 NF PE RVU: 15.06 **2015 NF PE RVU:** 12.60
2007 Fac PE RVU 0.51 **2015 Fac PE RVU:** 0.52

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

5039X1

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 3.15 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

5039X13

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

5039X2

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 1.42 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

5039X3

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 5.75

CPT Action (if applicable): October 2014 **Result:** Increase

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

5039X5

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 350

2007 Work RVU: 21.18 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2015 Fac PE RVU:** 9.72

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 Est Medicare Utilization:** 2,046

2007 Work RVU: 25.26 **2015 Work RVU:** 25.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2015 Fac PE RVU:** 10.48

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 Est Medicare Utilization:** 59,801

2007 Work RVU: 9.64 **2015 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2015 NF PE RVU:** 9.65
2007 Fac PE RVU 4.65 **2015 Fac PE RVU:** 5.42

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 Est Medicare Utilization:** 2,836

2007 Work RVU: 16.66 **2015 Work RVU:** 16.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2015 Fac PE RVU:** 8.41

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

5069X7

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 4.60 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

5069X8

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

5069X9

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 7.55 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

506XX6

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 3.16 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

507XX11

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: 4.03 **CPT Action (if applicable):** October 2014 **Result:** Increase

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

507XX12

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 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 Est Medicare Utilization:** 5,978

2007 Work RVU: 4.43 **2015 Work RVU:** 4.49
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2015 Fac PE RVU:** 3.28

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 Est Medicare Utilization:** 13,759

2007 Work RVU: **2015 Work RVU:** 2.70
2007 NF PE RVU: **2015 NF PE RVU:** 3.46
2007 Fac PE RVU **2015 Fac PE RVU:** 1.18

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Est Medicare Utilization:** 177,461

2007 Work RVU: 0.88 **2015 Work RVU:** 0.88
2007 NF PE RVU: 1.58 **2015 NF PE RVU:** 1.38
2007 Fac PE RVU 0.3 **2015 Fac PE RVU:** 0.31

RUC Recommendation:

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

Result:

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Est Medicare Utilization:** 176,731

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2015 NF PE RVU:** 0.99
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** 0.24

RUC Recommendation:

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

Result:

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 218,967

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2015 NF PE RVU:** 1.43
2007 Fac PE RVU 0.27 **2015 Fac PE RVU:** 0.31

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 56,516

2007 Work RVU: 1.47 **2015 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2015 NF PE RVU:** 2.05
2007 Fac PE RVU 0.63 **2015 Fac PE RVU:** 0.71

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Est Medicare Utilization:** 178,765

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: 1.72 **2015 NF PE RVU:** 1.44
2007 Fac PE RVU 0.71 **2015 Fac PE RVU:** 0.64

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:** 9,693

2007 Work RVU: 1.71 **2015 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2015 NF PE RVU:** 5.56
2007 Fac PE RVU 7.41 **2015 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 Est Medicare Utilization:** 2,985

2007 Work RVU: **2015 Work RVU:** 2.11
2007 NF PE RVU: **2015 NF PE RVU:** 6.49
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 70,027

2007 Work RVU: **2015 Work RVU:** 2.11
2007 NF PE RVU: **2015 NF PE RVU:** 6.58
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 80,151

2007 Work RVU: **2015 Work RVU:** 2.51
2007 NF PE RVU: **2015 NF PE RVU:** 6.86
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 13,211

2007 Work RVU: 0.61 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.25
2007 Fac PE RVU 0.67 **2015 Fac PE RVU:** NA

RUC Recommendation: 0.17

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

Result: Decrease

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 Est Medicare Utilization:** 546,873

2007 Work RVU: 1.14 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.26
2007 Fac PE RVU 0.91 **2015 Fac PE RVU:** NA

RUC Recommendation: 0.17

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

Result: Decrease

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 Est Medicare Utilization:**

2007 Work RVU: 1.61 **2015 Work RVU:**
2007 NF PE RVU: 5.44 **2015 NF PE RVU:**
2007 Fac PE RVU 5.44 **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2014 Est Medicare Utilization:** 167,174

2007 Work RVU: 1.53 **2015 Work RVU:** 1.53
2007 NF PE RVU: 3.95 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU 3.95 **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable): February 2014 **Result:** Maintain
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 Est Medicare Utilization:** 16,338

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2015 NF PE RVU:** 4.75
2007 Fac PE RVU 5.74 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.53 **2015 Work RVU:**
2007 NF PE RVU: 7.15 **2015 NF PE RVU:**
2007 Fac PE RVU 7.15 **2015 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 Est Medicare Utilization:** 134,008

2007 Work RVU: 1.60 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 2.29
2007 Fac PE RVU 5.55 **2015 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** February 2009 **Result:** Maintain

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?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** October 2010 **2014 Est Medicare Utilization:** 919,548

2007 Work RVU: 2.23 **2015 Work RVU:** 2.23
2007 NF PE RVU: 3.4 **2015 NF PE RVU:** 3.31
2007 Fac PE RVU 0.91 **2015 Fac PE RVU:** 1.14

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

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

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 Est Medicare Utilization:** 20,091

2007 Work RVU: 3.70 **2015 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2015 NF PE RVU:** 14.72
2007 Fac PE RVU 1.47 **2015 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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 46,995

2007 Work RVU: 3.14 **2015 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2015 NF PE RVU:** 14.98
2007 Fac PE RVU 1.28 **2015 Fac PE RVU:** 1.37

RUC Recommendation: Refer to CPT Assistant. 4.05.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009

Result: Increase

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 Est Medicare Utilization:** 26,696

2007 Work RVU: 4.62 **2015 Work RVU:** 4.62
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2015 Fac PE RVU:** 1.95

RUC Recommendation: Refer to CPT Assistant. 4.62

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Maintain

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 Est Medicare Utilization:** 31,688

2007 Work RVU: 5.44 **2015 Work RVU:** 5.44
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2015 Fac PE RVU:** 2.26

RUC Recommendation: Refer to CPT Assistant. 5.44

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 22,600

2007 Work RVU: 9.71 **2015 Work RVU:** 7.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2015 Fac PE RVU:** 2.96

RUC Recommendation: Refer to CPT Assistant. 8.75 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 89,567

2007 Work RVU: 2.80 **2015 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2015 NF PE RVU:** 4.64
2007 Fac PE RVU 1.21 **2015 Fac PE RVU:** 1.32

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 139,459

2007 Work RVU: 2.83 **2015 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2015 NF PE RVU:** 10.65
2007 Fac PE RVU 1.19 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,606

2007 Work RVU: 6.11 **2015 Work RVU:** 5.35
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2015 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 Est Medicare Utilization:** 256

2007 Work RVU: 6.61 **2015 Work RVU:** 5.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2015 Fac PE RVU:** 2.40

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 22

2007 Work RVU: 7.31 **2015 Work RVU:** 6.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2015 Fac PE RVU:** 2.64

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 Est Medicare Utilization:** 3,134

2007 Work RVU: 7.81 **2015 Work RVU:** 7.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2015 Fac PE RVU:** 2.80

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 Est Medicare Utilization:** 496

2007 Work RVU: 8.31 **2015 Work RVU:** 7.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2015 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 Est Medicare Utilization:** 191

2007 Work RVU: 9.34 **2015 Work RVU:** 8.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2015 Fac PE RVU:** 3.32

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 20,804

2007 Work RVU: 5.85 **2015 Work RVU:** 5.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2015 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 Est Medicare Utilization:** 21,631

2007 Work RVU: 6.87 **2015 Work RVU:** 6.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2015 Fac PE RVU:** 2.71

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 Est Medicare Utilization:** 16,401

2007 Work RVU: 7.96 **2015 Work RVU:** 7.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2015 Fac PE RVU:** 2.96

RUC Recommendation: 7.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

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

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 Est Medicare Utilization:** 7,749

2007 Work RVU: 7.33 **2015 Work RVU:** 8.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2015 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 Est Medicare Utilization:** 990

2007 Work RVU: 8.81 **2015 Work RVU:** 9.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2015 Fac PE RVU:** 3.44

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 40,201

2007 Work RVU: **2015 Work RVU:** 8.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.09

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 325

2007 Work RVU: 10.06 **2015 Work RVU:** 8.69
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.18 **2015 Fac PE RVU:** 4.06

RUC Recommendation: 8.69 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 4,164

2007 Work RVU: 9.39 **2015 Work RVU:** 8.14
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.52 **2015 Fac PE RVU:** 4.93

RUC Recommendation: 8.14 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 46,675

2007 Work RVU: 15.13 **2015 Work RVU:** 15.26
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2015 Fac PE RVU:** 7.30

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 Est Medicare Utilization: 1,683

2007 Work RVU: 6.89 **2015 Work RVU:** 4.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2015 Fac PE RVU:** 3.69

RUC Recommendation: 4.79

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 24,390

2007 Work RVU: 12.00 **2015 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2015 NF PE RVU:** 38.21
2007 Fac PE RVU 5.44 **2015 Fac PE RVU:** 6.29

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

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 Est Medicare Utilization: 1,897

2007 Work RVU: 15.21 **2015 Work RVU:** 13.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2015 Fac PE RVU:** 7.14

RUC Recommendation: 13.00

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 9,656

2007 Work RVU: 9.98 **2015 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2015 NF PE RVU:** 47.24
2007 Fac PE RVU 4.46 **2015 Fac PE RVU:** 6.19

RUC Recommendation: 10.08

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 5,149

2007 Work RVU: 14.39 **2015 Work RVU:** 14.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2015 Fac PE RVU:** 7.06

RUC Recommendation: 14.39

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 1,297

2007 Work RVU: 16.48 **2015 Work RVU:** 15.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2015 Fac PE RVU:** 7.79

RUC Recommendation: 15.18

CPT Action (if applicable):

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,836

2007 Work RVU: 5.25 **2015 Work RVU:** 5.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2015 Fac PE RVU:** 3.39

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 1,234

2007 Work RVU: 9.31 **2015 Work RVU:** 8.46
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2015 Fac PE RVU:** 5.04

RUC Recommendation: 8.46

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

Result: Decrease

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Est Medicare Utilization:** 132,923

2007 Work RVU: 2.58 **2015 Work RVU:** 2.58
2007 NF PE RVU: 4.08 **2015 NF PE RVU:** 3.31
2007 Fac PE RVU 0.82 **2015 Fac PE RVU:** 1.14

RUC Recommendation:

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

Result:

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 Est Medicare Utilization:** 1,205

2007 Work RVU: **2015 Work RVU:** 6.28
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.69

RUC Recommendation: Maintain

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,802

2007 Work RVU: 24.45 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.19 **2015 Fac PE RVU:** 9.88

RUC Recommendation: 21.36

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

Result: Decrease

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 Est Medicare Utilization:** 241

2007 Work RVU: 26.31 **2015 Work RVU:** 21.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.83 **2015 Fac PE RVU:** 9.87

RUC Recommendation: 24.16

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

Result: Decrease

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 Est Medicare Utilization:** 1,798

2007 Work RVU: 30.52 **2015 Work RVU:** 25.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.01 **2015 Fac PE RVU:** 11.16

RUC Recommendation: 29.07

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13,422

2007 Work RVU: 32.25 **2015 Work RVU:** 32.06
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2015 Fac PE RVU:** 14.17

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 Est Medicare Utilization:** 1,782

2007 Work RVU: 20.25 **2015 Work RVU:** 13.60
2007 NF PE RVU: NA **2015 NF PE RVU:** 185.27
2007 Fac PE RVU 9.59 **2015 Fac PE RVU:** 6.84

RUC Recommendation: 13.45 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 5,799

2007 Work RVU: 13.31 **2015 Work RVU:** 13.46
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2015 Fac PE RVU:** 6.96

RUC Recommendation: Review data at RAW **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

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 Est Medicare Utilization:** 1,785

2007 Work RVU: 3.03 **2015 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.92
2007 Fac PE RVU 1.79 **2015 Fac PE RVU:** 2.22

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

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

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 Est Medicare Utilization:** 2,769

2007 Work RVU: 8.44 **2015 Work RVU:** 7.53
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2015 Fac PE RVU:** 5.95

RUC Recommendation: 7.35

CPT Action (if applicable):

Result: Decrease

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

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 Est Medicare Utilization:** 3,184

2007 Work RVU: 6.79 **2015 Work RVU:** 5.40
2007 NF PE RVU: NA **2015 NF PE RVU:** 6.23
2007 Fac PE RVU 4.3 **2015 Fac PE RVU:** 2.36

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

CPT Action (if applicable): October 2009

Result: Decrease

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

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 Est Medicare Utilization:** 10,931

2007 Work RVU: **2015 Work RVU:** 2.69
2007 NF PE RVU: **2015 NF PE RVU:** 2.67
2007 Fac PE RVU **2015 Fac PE RVU:** 1.25

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 Est Medicare Utilization:** 11,372

2007 Work RVU: 11.42 **2015 Work RVU:** 11.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2015 Fac PE RVU:** 6.18

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 Est Medicare Utilization:** 2,898

2007 Work RVU: 11.49 **2015 Work RVU:** 11.15
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2015 Fac PE RVU:** 6.90

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 Est Medicare Utilization:** 26,683

2007 Work RVU: 14.01 **2015 Work RVU:** 12.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2015 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: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Est Medicare Utilization:** 1,627

2007 Work RVU: 3.33 **2015 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2015 NF PE RVU:** 4.83
2007 Fac PE RVU 1.47 **2015 Fac PE RVU:** 1.65

RUC Recommendation: New PE inputs

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

Result: PE Only

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?** No

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Est Medicare Utilization:** 41,539

2007 Work RVU: 4.74 **2015 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 5.88
2007 Fac PE RVU 2.05 **2015 Fac PE RVU:** 2.24

RUC Recommendation:

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

Result: PE Only

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Est Medicare Utilization:** 149

2007 Work RVU: 6.16 **2015 Work RVU:** 6.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2015 Fac PE RVU:** 2.77

RUC Recommendation:

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

Result:

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Est Medicare Utilization:** 53

2007 Work RVU: 6.99 **2015 Work RVU:** 6.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2015 Fac PE RVU:** 3.12

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Est Medicare Utilization:** 1,960

2007 Work RVU: 9.99 **2015 Work RVU:** 9.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4 **2015 Fac PE RVU:** 4.28

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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?** No

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Est Medicare Utilization:** 201

2007 Work RVU: 5.20 **2015 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2015 NF PE RVU:** 5.78
2007 Fac PE RVU 2.21 **2015 Fac PE RVU:** 2.39

RUC Recommendation: **CPT Action (if applicable):** **Result:** PE Only
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?** No

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Est Medicare Utilization:** 4,525

2007 Work RVU: 6.16 **2015 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2015 NF PE RVU:** 39.91
2007 Fac PE RVU 2.58 **2015 Fac PE RVU:** 2.79

RUC Recommendation:

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

Result: PE Only

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 Est Medicare Utilization:** 1,421

2007 Work RVU: 11.54 **2015 Work RVU:** 11.59
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2015 Fac PE RVU:** 5.95

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 11,103

2007 Work RVU: 11.30 **2015 Work RVU:** 11.35
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2015 Fac PE RVU:** 5.48

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:**

2007 Work RVU: 3.37 **2015 Work RVU:**
2007 NF PE RVU: 20.75 **2015 NF PE RVU:**
2007 Fac PE RVU 1.08 **2015 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 Est Medicare Utilization:** 4,293

2007 Work RVU: 26.80 **2015 Work RVU:** 32.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2015 Fac PE RVU:** 20.21

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 Est Medicare Utilization:** 2,024

2007 Work RVU: 13.48 **2015 Work RVU:** 14.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2015 Fac PE RVU:** 5.73

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 Est Medicare Utilization:** 1,234

2007 Work RVU: 15.29 **2015 Work RVU:** 18.01
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2015 Fac PE RVU:** 7.68

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 Est Medicare Utilization:** 25

2007 Work RVU: 1.71 **2015 Work RVU:** 1.71
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2015 Fac PE RVU:** 0.85

RUC Recommendation: 1.71

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

Result: Maintain

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 Est Medicare Utilization:** 61

2007 Work RVU: 1.61 **2015 Work RVU:** 1.61
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2015 Fac PE RVU:** 0.63

RUC Recommendation: 1.61

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

Result: Maintain

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 Est Medicare Utilization:** 924

2007 Work RVU: 6.22 **2015 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU 1.81 **2015 Fac PE RVU:** 2.50

RUC Recommendation: 6.31

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

Result: Decrease

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 Est Medicare Utilization:** 930

2007 Work RVU: 11.04 **2015 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2015 NF PE RVU:** 9.64
2007 Fac PE RVU 3.17 **2015 Fac PE RVU:** 4.42

RUC Recommendation: 11.16

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

Result: Decrease

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 Est Medicare Utilization:** 1,395

2007 Work RVU: 2.13 **2015 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU 0.88 **2015 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 Est Medicare Utilization:** 3,477

2007 Work RVU: 30.34 **2015 Work RVU:** 35.64
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2015 Fac PE RVU:** 22.01

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 Est Medicare Utilization:** 1,565

2007 Work RVU: 15.95 **2015 Work RVU:** 16.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2015 Fac PE RVU:** 6.40

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 Est Medicare Utilization:** 1,132

2007 Work RVU: 18.26 **2015 Work RVU:** 21.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2015 Fac PE RVU:** 9.58

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 Est Medicare Utilization:** 101

2007 Work RVU: 28.21 **2015 Work RVU:** 33.87
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2015 Fac PE RVU:** 20.69

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 Est Medicare Utilization:** 64

2007 Work RVU: 15.04 **2015 Work RVU:** 16.09
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2015 Fac PE RVU:** 6.31

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 Est Medicare Utilization:** 37

2007 Work RVU: 16.59 **2015 Work RVU:** 19.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2015 Fac PE RVU:** 8.21

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 Est Medicare Utilization:** 27

2007 Work RVU: 31.78 **2015 Work RVU:** 36.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2015 Fac PE RVU:** 22.16

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 Est Medicare Utilization:** 19

2007 Work RVU: 17.50 **2015 Work RVU:** 16.66
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2015 Fac PE RVU:** 6.54

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 Est Medicare Utilization:** 9

2007 Work RVU: 19.70 **2015 Work RVU:** 22.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2015 Fac PE RVU:** 9.82

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 Est Medicare Utilization:** 8,322

2007 Work RVU: 12.29 **2015 Work RVU:** 11.19
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2015 Fac PE RVU:** 7.12

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 Est Medicare Utilization:** 521

2007 Work RVU: 14.67 **2015 Work RVU:** 14.79
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2015 Fac PE RVU:** 9.25

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 Est Medicare Utilization:** 320

2007 Work RVU: 17.07 **2015 Work RVU:** 17.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.95 **2015 Fac PE RVU:** 9.21

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 Est Medicare Utilization:** 293

2007 Work RVU: 19.11 **2015 Work RVU:** 19.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.22 **2015 Fac PE RVU:** 9.04

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 Est Medicare Utilization:** 120

2007 Work RVU: 23.37 **2015 Work RVU:** 23.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2015 Fac PE RVU:** 10.65

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 Est Medicare Utilization:** 553

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2015 Fac PE RVU:** 1.05

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 Est Medicare Utilization:** 11,834

2007 Work RVU: **2015 Work RVU:** 3.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.75

RUC Recommendation: 3.75

CPT Action (if applicable): October 2009

Result: Decrease

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

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 Est Medicare Utilization:** 9,802

2007 Work RVU: **2015 Work RVU:** 3.18
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.42

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 Est Medicare Utilization:** 5,900

2007 Work RVU: **2015 Work RVU:** 3.75
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.78

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 Est Medicare Utilization:**

2007 Work RVU: 17.75 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 10.08 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.03 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.87 **2015 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 Est Medicare Utilization:** 5,586

2007 Work RVU: **2015 Work RVU:** 13.93
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 10.25

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 Est Medicare Utilization:** 5,525

2007 Work RVU: **2015 Work RVU:** 3.48
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 1.63

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 Est Medicare Utilization:** 3,720

2007 Work RVU: **2015 Work RVU:** 19.85
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 12.95

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 Est Medicare Utilization: 821

2007 Work RVU: **2015 Work RVU:** 4.81

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 Fac PE RVU:** 2.25

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 Est Medicare Utilization: 5,791

2007 Work RVU: **2015 Work RVU:** 2.25

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 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 Est Medicare Utilization: 6,108

2007 Work RVU: 7.37 **2015 Work RVU:** 6.05

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 5.85 **2015 Fac PE RVU:** 6.73

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 Est Medicare Utilization:** 524

2007 Work RVU: 6.41 **2015 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2015 NF PE RVU:** 12.60
2007 Fac PE RVU 3.11 **2015 Fac PE RVU:** 4.18

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 Est Medicare Utilization:** 561

2007 Work RVU: 2.66 **2015 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2015 NF PE RVU:** 3.67
2007 Fac PE RVU 0.89 **2015 Fac PE RVU:** 1.43

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 Est Medicare Utilization:** 55,326

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2015 NF PE RVU:** 3.49
2007 Fac PE RVU 0.67 **2015 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 Est Medicare Utilization:** 243

2007 Work RVU: 8.88 **2015 Work RVU:** 9.03
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2015 Fac PE RVU:** 6.33

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 Est Medicare Utilization:** 12,600

2007 Work RVU: 3.00 **2015 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2015 NF PE RVU:** 6.23
2007 Fac PE RVU 1.31 **2015 Fac PE RVU:** 1.68

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.29
2007 NF PE RVU: **2015 NF PE RVU:** 4.39
2007 Fac PE RVU **2015 Fac PE RVU:** 1.05

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.29
2007 NF PE RVU: **2015 NF PE RVU:** 4.66
2007 Fac PE RVU **2015 Fac PE RVU:** 1.10

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.25
2007 NF PE RVU: **2015 NF PE RVU:** 4.34
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.35
2007 NF PE RVU: **2015 NF PE RVU:** 4.86
2007 Fac PE RVU **2015 Fac PE RVU:** 1.09

RUC Recommendation: 2.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 208,904

2007 Work RVU: 1.91 **2015 Work RVU:** 1.91
2007 NF PE RVU: 4.35 **2015 NF PE RVU:** 4.76
2007 Fac PE RVU 0.63 **2015 Fac PE RVU:** 1.06

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 Est Medicare Utilization:** 815,580

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 4.35 **2015 NF PE RVU:** 4.61
2007 Fac PE RVU 0.58 **2015 Fac PE RVU:** 0.90

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 Est Medicare Utilization:** 32,905

2007 Work RVU: 2.04 **2015 Work RVU:** 2.04
2007 NF PE RVU: 5.09 **2015 NF PE RVU:** 4.32
2007 Fac PE RVU 0.61 **2015 Fac PE RVU:** 0.66

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 17,904

2007 Work RVU: 1.87 **2015 Work RVU:** 1.87
2007 NF PE RVU: 4.45 **2015 NF PE RVU:** 2.74
2007 Fac PE RVU 0.58 **2015 Fac PE RVU:** 0.73

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 Est Medicare Utilization:** 6,101

2007 Work RVU: 8.04 **2015 Work RVU:** 6.05
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4 **2015 Fac PE RVU:** 4.41

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 Est Medicare Utilization:** 1,265

2007 Work RVU: 6.60 **2015 Work RVU:** 3.55
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2015 Fac PE RVU:** 3.50

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 429

2007 Work RVU: 3.68 **2015 Work RVU:** 4.33
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2015 Fac PE RVU:** 3.61

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 Est Medicare Utilization:** 53

2007 Work RVU: 6.59 **2015 Work RVU:** 5.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2015 Fac PE RVU:** 5.47

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 Est Medicare Utilization:** 7,906

2007 Work RVU: 8.58 **2015 Work RVU:** 5.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2015 Fac PE RVU:** 4.37

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,266

2007 Work RVU: 6.57 **2015 Work RVU:** 3.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2015 Fac PE RVU:** 3.75

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 Est Medicare Utilization:** 7,989

2007 Work RVU: 0.48 **2015 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU 0.1 **2015 Fac PE RVU:** 0.20

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 Est Medicare Utilization:** 48,829

2007 Work RVU: 0.75 **2015 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.88
2007 Fac PE RVU 0.17 **2015 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:**

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 Est Medicare Utilization:** 39,992

2007 Work RVU: **2015 Work RVU:** 0.67
2007 NF PE RVU: **2015 NF PE RVU:** 2.70
2007 Fac PE RVU **2015 Fac PE RVU:** 0.29

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 Est Medicare Utilization:** 89,735

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 2.63
2007 Fac PE RVU **2015 Fac PE RVU:** 0.36

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.80

CPT Action (if applicable): May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.55

CPT Action (if applicable): May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.80

CPT Action (if applicable): May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 2.20

CPT Action (if applicable): May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.78

CPT Action (if applicable): May 2015 **Result:** Decrease

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

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 Est Medicare Utilization:

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization: 38,153

2007 Work RVU: 13.03 **2015 Work RVU:** 13.18
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2015 Fac PE RVU:** 10.95

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 Est Medicare Utilization:** 17,795

2007 Work RVU: 18.61 **2015 Work RVU:** 18.76
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2015 Fac PE RVU:** 13.57

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:**

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 Est Medicare Utilization:** 8,476

2007 Work RVU: 17.82 **2015 Work RVU:** 17.95
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2015 Fac PE RVU:** 13.00

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 Est Medicare Utilization:** 3,060

2007 Work RVU: 17.12 **2015 Work RVU:** 17.25
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2015 Fac PE RVU:** 12.52

RUC Recommendation: 17.25

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 102,536

2007 Work RVU: 15.22 **2015 Work RVU:** 15.37
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2015 Fac PE RVU:** 12.01

RUC Recommendation: 15.37 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 135,823

2007 Work RVU: 3.47 **2015 Work RVU:** 3.47
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2015 Fac PE RVU:** 1.68

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 Est Medicare Utilization:** 8,314

2007 Work RVU: 21.73 **2015 Work RVU:** 21.86
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2015 Fac PE RVU:** 14.66

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 958

2007 Work RVU: 19.47 **2015 Work RVU:** 19.60
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2015 Fac PE RVU:** 13.71

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

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 Est Medicare Utilization:** 583

2007 Work RVU: 4.04 **2015 Work RVU:** 4.04
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2015 Fac PE RVU:** 1.92

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 Est Medicare Utilization:** 1,201

2007 Work RVU: 30.78 **2015 Work RVU:** 30.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2015 Fac PE RVU:** 18.56

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** CPT 2018 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 446

2007 Work RVU: **2015 Work RVU:** 15.60

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 Fac PE RVU:** 10.95

RUC Recommendation: 15.50

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 67

2007 Work RVU: **2015 Work RVU:** 4.00

2007 NF PE RVU: **2015 NF PE RVU:** NA

2007 Fac PE RVU **2015 Fac PE RVU:** 1.88

RUC Recommendation: 4.00

CPT Action (if applicable):

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

Result: Decrease

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 Est Medicare Utilization: 45,791

2007 Work RVU: 7.57 **2015 Work RVU:** 7.15

2007 NF PE RVU: NA **2015 NF PE RVU:** 29.92

2007 Fac PE RVU 3.11 **2015 Fac PE RVU:** 4.06

RUC Recommendation: 7.20. New PE Inputs

CPT Action (if applicable):

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,766

2007 Work RVU: 11.43 **2015 Work RVU:** 10.92
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.15 **2015 Fac PE RVU:** 9.53

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 6.87 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 3.54 **2015 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 Est Medicare Utilization:** 3,156

2007 Work RVU: **2015 Work RVU:** 5.08
2007 NF PE RVU: **2015 NF PE RVU:** 10.69
2007 Fac PE RVU **2015 Fac PE RVU:** 3.44

RUC Recommendation: 5.03 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,859

2007 Work RVU: **2015 Work RVU:** 11.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 9.69

RUC Recommendation: 10.87 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 959

2007 Work RVU: **2015 Work RVU:** 7.75
2007 NF PE RVU: **2015 NF PE RVU:** 13.78
2007 Fac PE RVU **2015 Fac PE RVU:** 4.34

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 Est Medicare Utilization:** 627

2007 Work RVU: **2015 Work RVU:** 11.52
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 9.73

RUC Recommendation: 11.39 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 14,402

2007 Work RVU: 7.87 **2015 Work RVU:** 5.19
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2015 Fac PE RVU:** 4.29

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 6,355

2007 Work RVU: 6.10 **2015 Work RVU:** 5.30
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2015 Fac PE RVU:** 4.28

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 Est Medicare Utilization:** 4,546

2007 Work RVU: 1.18 **2015 Work RVU:** 1.18
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU 0.46 **2015 Fac PE RVU:** 0.73

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 Est Medicare Utilization:** 144,631

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2015 NF PE RVU:** 1.74
2007 Fac PE RVU 0.43 **2015 Fac PE RVU:** 0.26

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 17,764

2007 Work RVU: 3.85 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2015 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen. 1.81

CPT Action (if applicable): February 2008 **Result:** Decrease

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

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 Est Medicare Utilization:** 30,441

2007 Work RVU: 1.32 **2015 Work RVU:** 1.32
2007 NF PE RVU: 2.43 **2015 NF PE RVU:** 2.70
2007 Fac PE RVU 0.46 **2015 Fac PE RVU:** 0.74

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 Est Medicare Utilization:** 111,757

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2015 NF PE RVU:** 2.20
2007 Fac PE RVU 0.51 **2015 Fac PE RVU:** 0.43

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 Est Medicare Utilization:** 6,258

2007 Work RVU: 3.61 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **2015 Fac PE RVU:** 0.32

RUC Recommendation: 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

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 Est Medicare Utilization:** 141,804

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: NA **2015 NF PE RVU:** 1.77
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:** 0.27

RUC Recommendation: 1.50, Review in October 2017

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

Result:

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 Est Medicare Utilization:** 47,441

2007 Work RVU: 3.36 **2015 Work RVU:** 1.63
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2015 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen. 1.63

CPT Action (if applicable): February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:** 3,877

2007 Work RVU: 3.24 **2015 Work RVU:** 1.81
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2015 Fac PE RVU:** 0.42

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 695,992

2007 Work RVU: 1.27 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU 0.49 **2015 Fac PE RVU:** 0.49

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

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 Est Medicare Utilization:**

2007 Work RVU: 1.85 **2015 Work RVU:**
2007 NF PE RVU: 6.37 **2015 NF PE RVU:**
2007 Fac PE RVU 0.71 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.29 **2015 Work RVU:**
2007 NF PE RVU: 2.05 **2015 NF PE RVU:**
2007 Fac PE RVU 0.34 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.41 **2015 Work RVU:**
2007 NF PE RVU: 6.07 **2015 NF PE RVU:**
2007 Fac PE RVU 0.62 **2015 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

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 Est Medicare Utilization:** | **2007 Work RVU:** 0.98 | **2015 Work RVU:**
2007 NF PE RVU: 1.86 | **2015 NF PE RVU:**
2007 Fac PE RVU 0.24 | **2015 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 Est Medicare Utilization:** 44,588 | **2007 Work RVU:** 2.20 | **2015 Work RVU:** 2.29
2007 NF PE RVU: 6.55 | **2015 NF PE RVU:** 4.20
2007 Fac PE RVU 0.87 | **2015 Fac PE RVU:** 1.32

RUC Recommendation: 2.29 | **CPT Action (if applicable):** June 2009 | **Result:** Increase
Referred to CPT Asst ☐ | **Published in CPT Asst:**

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 Est Medicare Utilization:** 24,723 | **2007 Work RVU:** 1.54 | **2015 Work RVU:** 1.20
2007 NF PE RVU: 2.5 | **2015 NF PE RVU:** 1.90
2007 Fac PE RVU 0.45 | **2015 Fac PE RVU:** 0.51

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 Est Medicare Utilization:** 973,371 | **2007 Work RVU:** 1.90 | **2015 Work RVU:** 1.90
2007 NF PE RVU: 6.86 | **2015 NF PE RVU:** 4.16
2007 Fac PE RVU 0.81 | **2015 Fac PE RVU:** 1.19

RUC Recommendation: 1.90 | **CPT Action (if applicable):** June 2009 | **Result:** Decrease
Referred to CPT Asst ☐ | **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 461,263

2007 Work RVU: 1.33 **2015 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2015 NF PE RVU:** 1.41
2007 Fac PE RVU 0.36 **2015 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease

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

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 Est Medicare Utilization:** 206,543

2007 Work RVU: **2015 Work RVU:** 1.82
2007 NF PE RVU: **2015 NF PE RVU:** 3.42
2007 Fac PE RVU **2015 Fac PE RVU:** 1.09

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 Est Medicare Utilization:** 182,053

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 1.42
2007 Fac PE RVU **2015 Fac PE RVU:** 0.48

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

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 Est Medicare Utilization:** 130,013

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 1.43
2007 Fac PE RVU **2015 Fac PE RVU:** 0.50

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 723,126

2007 Work RVU: **2015 Work RVU:** 1.52
2007 NF PE RVU: **2015 NF PE RVU:** 3.24
2007 Fac PE RVU **2015 Fac PE RVU:** 0.97

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 Est Medicare Utilization:** 644,575

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.38
2007 Fac PE RVU **2015 Fac PE RVU:** 0.41

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

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 Est Medicare Utilization:** 397,006

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.39
2007 Fac PE RVU **2015 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

644XX1 **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:**

644XX2 **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

644XX3 **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 7,577

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2015 NF PE RVU:** 2.30
2007 Fac PE RVU 0.49 **2015 Fac PE RVU:** 0.80

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 Est Medicare Utilization:** 21,578

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2015 NF PE RVU:** 3.81
2007 Fac PE RVU 0.54 **2015 Fac PE RVU:** 0.86

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 Est Medicare Utilization:** 1,290

2007 Work RVU: 2.33 **2015 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2015 NF PE RVU:** 3.54
2007 Fac PE RVU 1.73 **2015 Fac PE RVU:** 2.05

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** CPT 2018 **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 Est Medicare Utilization:** 12,392

2007 Work RVU: 2.29 **2015 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU 1.23 **2015 Fac PE RVU:** 1.88

RUC Recommendation: Refer to CPT. Develop CPT Assistant article.Review September 2017.

CPT Action (if applicable): CPT 2018 **Result:**

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

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?** No

Most Recent RUC Meeting: January 2014 **Tab** 25 **Specialty Developing Recommendation:** ACOG, AUA, NASS **First Identified:** October 2008 **2014 Est Medicare Utilization:** 15,237

2007 Work RVU: 7.07 **2015 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2015 NF PE RVU:** 17.13
2007 Fac PE RVU 3.05 **2015 Fac PE RVU:** 2.63

RUC Recommendation: Submit Action Plan. 5.44

CPT Action (if applicable): **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 Est Medicare Utilization:** 112,782

2007 Work RVU: **2015 Work RVU:** 0.60
2007 NF PE RVU: **2015 NF PE RVU:** 2.78
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 734

2007 Work RVU: **2015 Work RVU:** 9.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 7.32

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 Est Medicare Utilization:**

2007 Work RVU: 8.15 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.31 **2015 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?** No

Most Recent RUC Meeting: October 2009 **Tab** 17 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Est Medicare Utilization:** 10,485

2007 Work RVU: 14.15 **2015 Work RVU:** 12.20
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2015 Fac PE RVU:** 5.41

RUC Recommendation: Action plan. 12.20 **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 Est Medicare Utilization:** 10,906

2007 Work RVU: 2.42 **2015 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2015 NF PE RVU:** 4.77
2007 Fac PE RVU 2.33 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.02 **2015 Work RVU:**
2007 NF PE RVU: 6.82 **2015 NF PE RVU:**
2007 Fac PE RVU 1.34 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2015 Work RVU:**
2007 NF PE RVU: 2.62 **2015 NF PE RVU:**
2007 Fac PE RVU 0.22 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.82 **2015 Work RVU:**
2007 NF PE RVU: 6.99 **2015 NF PE RVU:**
2007 Fac PE RVU 1.93 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.16 **2015 Work RVU:**
2007 NF PE RVU: 3.98 **2015 NF PE RVU:**
2007 Fac PE RVU 0.26 **2015 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 Est Medicare Utilization:** 49,405

2007 Work RVU: **2015 Work RVU:** 3.84
2007 NF PE RVU: **2015 NF PE RVU:** 7.70
2007 Fac PE RVU **2015 Fac PE RVU:** 2.38

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 Est Medicare Utilization:** 83,560

2007 Work RVU: **2015 Work RVU:** 1.32
2007 NF PE RVU: **2015 NF PE RVU:** 3.87
2007 Fac PE RVU **2015 Fac PE RVU:** 0.54

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 Est Medicare Utilization:** 213,235

2007 Work RVU: **2015 Work RVU:** 3.78
2007 NF PE RVU: **2015 NF PE RVU:** 7.66
2007 Fac PE RVU **2015 Fac PE RVU:** 2.36

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 Est Medicare Utilization:** 345,844

2007 Work RVU: **2015 Work RVU:** 1.16
2007 NF PE RVU: **2015 NF PE RVU:** 3.59
2007 Fac PE RVU **2015 Fac PE RVU:** 0.48

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 Est Medicare Utilization:** 73,754

2007 Work RVU: 2.78 **2015 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.75 **2015 Fac PE RVU:** 1.34

RUC Recommendation: 1.23. Remove 99238.

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

Result: Decrease

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 Est Medicare Utilization:** 3,337

2007 Work RVU: 6.22 **2015 Work RVU:** 6.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2015 Fac PE RVU:** 6.76

RUC Recommendation: 6.36

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

Result: Maintain

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 Est Medicare Utilization:** 574

2007 Work RVU: 7.98 **2015 Work RVU:** 8.07
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2015 Fac PE RVU:** 6.84

RUC Recommendation: Remove from screen

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 Est Medicare Utilization:** 917

2007 Work RVU: 10.23 **2015 Work RVU:** 9.16
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7 **2015 Fac PE RVU:** 8.88

RUC Recommendation: 9.16

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

Result: Decrease

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 Est Medicare Utilization:** 883

2007 Work RVU: 9.70 **2015 Work RVU:** 9.93
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2015 Fac PE RVU:** 13.31

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 Est Medicare Utilization:** 30,994

2007 Work RVU: 0.93 **2015 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2015 NF PE RVU:** 1.00
2007 Fac PE RVU 0.4 **2015 Fac PE RVU:** 0.59

RUC Recommendation: 0.93

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

Result: Maintain

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 Est Medicare Utilization:** 801

2007 Work RVU: 14.43 **2015 Work RVU:** 15.36
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2015 Fac PE RVU:** 14.88

RUC Recommendation: 16.00

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

Result: Decrease

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 Est Medicare Utilization:** 2,176

2007 Work RVU: 10.43 **2015 Work RVU:** 10.73
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2015 Fac PE RVU:** 13.63

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 Est Medicare Utilization:** 44,359

2007 Work RVU: 1.91 **2015 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2015 NF PE RVU:** 1.73
2007 Fac PE RVU 1.16 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.91 **2015 Work RVU:**
2007 NF PE RVU: 2.07 **2015 NF PE RVU:**
2007 Fac PE RVU 1.16 **2015 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 Est Medicare Utilization:** 151,252

2007 Work RVU: 3.90 **2015 Work RVU:** 3.99
2007 NF PE RVU: 4.14 **2015 NF PE RVU:** 5.27
2007 Fac PE RVU 3.01 **2015 Fac PE RVU:** 4.13

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 Est Medicare Utilization:** 11,650

2007 Work RVU: 14.57 **2015 Work RVU:** 15.02
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2015 Fac PE RVU:** 17.82

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 Est Medicare Utilization:** 5,572

2007 Work RVU: 18.26 **2015 Work RVU:** 18.86
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 15.21 **2015 Fac PE RVU:** 22.58

RUC Recommendation: 14.81

CPT Action (if applicable): **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 14.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 15.46

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 Est Medicare Utilization:** 12,928

2007 Work RVU: 16.02 **2015 Work RVU:** 15.00
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2015 Fac PE RVU:** 16.07

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 Est Medicare Utilization:** 5,597

2007 Work RVU: **2015 Work RVU:** 13.20
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 14.97

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 9.58
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 11.91

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 Est Medicare Utilization:** 1,917

2007 Work RVU: 9.35 **2015 Work RVU:** 10.58
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2015 Fac PE RVU:** 12.54

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 Est Medicare Utilization:** 78,628

2007 Work RVU: 4.87 **2015 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2015 NF PE RVU:** 5.14
2007 Fac PE RVU 4.32 **2015 Fac PE RVU:** 3.45

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 Est Medicare Utilization: 632,128

2007 Work RVU: 3.32 **2015 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2015 NF PE RVU:** 5.64
2007 Fac PE RVU 3.6 **2015 Fac PE RVU:** 5.12

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 Est Medicare Utilization: 173,894

2007 Work RVU: 14.83 **2015 Work RVU:** 11.08
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2015 Fac PE RVU:** 10.61

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 Est Medicare Utilization: 1,627,642

2007 Work RVU: 10.36 **2015 Work RVU:** 8.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2015 Fac PE RVU:** 8.97

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2014 Est Medicare Utilization:** 2,723,169

2007 Work RVU: 2.52 **2015 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2015 NF PE RVU:** 1.34
2007 Fac PE RVU 1.42 **2015 Fac PE RVU:** 1.29

RUC Recommendation: Review Action plan. 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 Est Medicare Utilization:** 14,697

2007 Work RVU: 13.09 **2015 Work RVU:** 12.13
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2015 Fac PE RVU:** 12.48

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 Est Medicare Utilization:**

2007 Work RVU: 23.30 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 15.16 **2015 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:**

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 Est Medicare Utilization:** 2,446

2007 Work RVU: 16.39 **2015 Work RVU:** 13.20
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.94 **2015 Fac PE RVU:** 13.15

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 Est Medicare Utilization:** 10,702

2007 Work RVU: 19.23 **2015 Work RVU:** 14.50
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2015 Fac PE RVU:** 13.96

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 Est Medicare Utilization:** 14,305

2007 Work RVU: **2015 Work RVU:** 16.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 15.11

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 24,766

2007 Work RVU: **2015 Work RVU:** 16.33
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 15.11

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 Est Medicare Utilization:** 1,103

2007 Work RVU: **2015 Work RVU:** 17.40
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 15.76

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: 010 **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 Est Medicare Utilization:** 581

2007 Work RVU: 8.60 **2015 Work RVU:** 8.80
2007 NF PE RVU: 9.04 **2015 NF PE RVU:** 12.70
2007 Fac PE RVU 6.51 **2015 Fac PE RVU:** 9.62

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: 010 **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 Est Medicare Utilization:** 5,716

2007 Work RVU: 8.35 **2015 Work RVU:** 8.53
2007 NF PE RVU: 7.99 **2015 NF PE RVU:** 11.17
2007 Fac PE RVU 6.13 **2015 Fac PE RVU:** 9.08

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 Est Medicare Utilization:** 1,004

2007 Work RVU: 16.35 **2015 Work RVU:** 16.71
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2015 Fac PE RVU:** 16.44

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 Est Medicare Utilization:** 13,794

2007 Work RVU: 22.49 **2015 Work RVU:** 22.89
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2015 Fac PE RVU:** 20.84

RUC Recommendation: 17.13 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

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 Est Medicare Utilization: 2,640

2007 Work RVU: 10.02 **2015 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2015 NF PE RVU:** 13.56
2007 Fac PE RVU 7.37 **2015 Fac PE RVU:** 10.91

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 Est Medicare Utilization: 516

2007 Work RVU: 18.45 **2015 Work RVU:** 18.75
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 11.71 **2015 Fac PE RVU:** 17.39

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 Est Medicare Utilization: 11,368

2007 Work RVU: **2015 Work RVU:** 25.35
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 22.14

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 Est Medicare Utilization:** 78,565

2007 Work RVU: 9.35 **2015 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2015 NF PE RVU:** 7.83
2007 Fac PE RVU 5.84 **2015 Fac PE RVU:** 7.33

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 Est Medicare Utilization:** 6,235

2007 Work RVU: 14.19 **2015 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2015 NF PE RVU:** 8.29
2007 Fac PE RVU 8.9 **2015 Fac PE RVU:** 7.33

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 Est Medicare Utilization:** 271

2007 Work RVU: 0.47 **2015 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2015 NF PE RVU:** 0.34
2007 Fac PE RVU 0.2 **2015 Fac PE RVU:** 0.29

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 Est Medicare Utilization:** 76,333

2007 Work RVU: 13.67 **2015 Work RVU:** 13.82
2007 NF PE RVU: 11.2 **2015 NF PE RVU:** 13.46
2007 Fac PE RVU 8.43 **2015 Fac PE RVU:** 11.97

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 Est Medicare Utilization:** 11,891

2007 Work RVU: 9.97 **2015 Work RVU:** 8.38
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 9.61 **2015 Fac PE RVU:** 10.33

RUC Recommendation: 10.17

CPT Action (if applicable): October 2013 **Result:** Maintain

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 Est Medicare Utilization:** 1,988

2007 Work RVU: 3.70 **2015 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2015 NF PE RVU:** 9.21
2007 Fac PE RVU 2.99 **2015 Fac PE RVU:** 5.22

RUC Recommendation: 3.75

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

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

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 Est Medicare Utilization:** 428

2007 Work RVU: 3.21 **2015 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2015 NF PE RVU:** 6.05
2007 Fac PE RVU 2.75 **2015 Fac PE RVU:** 3.41

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

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 Est Medicare Utilization:** 2,589

2007 Work RVU: 5.37 **2015 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2015 NF PE RVU:** 10.78
2007 Fac PE RVU 4.65 **2015 Fac PE RVU:** 6.28

RUC Recommendation: 5.48

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

Result: Maintain

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 Est Medicare Utilization:** 26,693

2007 Work RVU: 6.08 **2015 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2015 NF PE RVU:** 10.61
2007 Fac PE RVU 4.95 **2015 Fac PE RVU:** 6.57

RUC Recommendation: 5.93

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

Result: Decrease

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 Est Medicare Utilization:** 4,131

2007 Work RVU: 3.42 **2015 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2015 NF PE RVU:** 9.24
2007 Fac PE RVU 2.84 **2015 Fac PE RVU:** 5.04

RUC Recommendation: 3.47

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

Result: Maintain

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 Est Medicare Utilization:** 135

2007 Work RVU: 3.09 **2015 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2015 NF PE RVU:** 5.97
2007 Fac PE RVU 2.7 **2015 Fac PE RVU:** 3.39

RUC Recommendation: 2.03

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

Result: Decrease

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 Est Medicare Utilization:** 1,971

2007 Work RVU: 5.94 **2015 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2015 NF PE RVU:** 10.78
2007 Fac PE RVU 4.86 **2015 Fac PE RVU:** 6.29

RUC Recommendation: 5.48

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

Result: Decrease

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 Est Medicare Utilization:** 12,197

2007 Work RVU: 5.84 **2015 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2015 NF PE RVU:** 11.40
2007 Fac PE RVU 4.57 **2015 Fac PE RVU:** 6.58

RUC Recommendation: 5.93

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,354

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU 0.42 **2015 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 Est Medicare Utilization:** 22,151

2007 Work RVU: 0.49 **2015 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.46

RUC Recommendation: 0.49

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

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

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 Est Medicare Utilization:** 41,475

2007 Work RVU: 0.96 **2015 Work RVU:** 1.00
2007 NF PE RVU: 1.91 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU 1.48 **2015 Fac PE RVU:** 1.99

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 Est Medicare Utilization:** 29,694

2007 Work RVU: 2.63 **2015 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2015 NF PE RVU:** 4.51
2007 Fac PE RVU 2.7 **2015 Fac PE RVU:** 3.01

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 Est Medicare Utilization:** 629

2007 Work RVU: 2.39 **2015 Work RVU:** 2.45
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2015 Fac PE RVU:** 3.20

RUC Recommendation: 2.03 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 7,736

2007 Work RVU: 3.24 **2015 Work RVU:** 3.30
2007 NF PE RVU: 7.82 **2015 NF PE RVU:** 9.11
2007 Fac PE RVU 2.74 **2015 Fac PE RVU:** 3.72

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 275

2007 Work RVU: **2015 Work RVU:** 3.06
2007 NF PE RVU: **2015 NF PE RVU:** 17.61
2007 Fac PE RVU **2015 Fac PE RVU:** 3.79

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 Est Medicare Utilization:** 126,279

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 1.94
2007 Fac PE RVU 0.4 **2015 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 Est Medicare Utilization:** 44,830

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2015 NF PE RVU:** 2.63
2007 Fac PE RVU 0.56 **2015 Fac PE RVU:** 0.79

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 1,579,167

2007 Work RVU: 0.61 **2015 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU 0.21 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 351

2007 Work RVU: 0.83 **2015 Work RVU:**
2007 NF PE RVU: 2.27 **2015 NF PE RVU:**
2007 Fac PE RVU 0.66 **2015 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 Est Medicare Utilization:** 10,190

2007 Work RVU: 0.63 **2015 Work RVU:**
2007 NF PE RVU: 1.3 **2015 NF PE RVU:**
2007 Fac PE RVU 0.63 **2015 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 Est Medicare Utilization:** 32

2007 Work RVU: 2.65 **2015 Work RVU:**
2007 NF PE RVU: 3.48 **2015 NF PE RVU:**
2007 Fac PE RVU 2.19 **2015 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:**

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 Est Medicare Utilization:** 45,272

2007 Work RVU: 1.54 **2015 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2015 NF PE RVU:** 3.98
2007 Fac PE RVU 1.6 **2015 Fac PE RVU:** 2.01

RUC Recommendation: 1.57

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 17,876

2007 Work RVU: 8.61 **2015 Work RVU:** 2.06

2007 NF PE RVU: NA **2015 NF PE RVU:** 3.24

2007 Fac PE RVU 9.31 **2015 Fac PE RVU:** 1.27

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 Est Medicare Utilization:

2007 Work RVU: 13.39 **2015 Work RVU:**

2007 NF PE RVU: NA **2015 NF PE RVU:**

2007 Fac PE RVU 11.91 **2015 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:**

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 Est Medicare Utilization: 2,842

2007 Work RVU: 17.60 **2015 Work RVU:** 17.73

2007 NF PE RVU: NA **2015 NF PE RVU:** NA

2007 Fac PE RVU 14.06 **2015 Fac PE RVU:** 14.98

RUC Recommendation: 17.60

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 20,128

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,757

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2015 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 9,090

2007 Work RVU: 0.84 **2015 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2015 NF PE RVU:** 1.65
2007 Fac PE RVU NA **2015 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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,975

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

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 Est Medicare Utilization:** 5,401,734

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2015 NF PE RVU:** 2.35
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.85

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

Result: Maintain

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:** **2014 Est Medicare Utilization:** 33,771

2007 Work RVU: 1.13 **2015 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2015 NF PE RVU:** 3.34
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.13

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 138,028

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 4.03
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 460,692

2007 Work RVU: 1.14 **2015 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.85

CPT Action (if applicable):

Result: Decrease

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

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 Est Medicare Utilization:** 20,693

2007 Work RVU: 1.30 **2015 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2015 NF PE RVU:** 3.52
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.17

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 3,823

2007 Work RVU: 1.42 **2015 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2015 NF PE RVU:** 4.40
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

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 Est Medicare Utilization:** 192,572

2007 Work RVU: 1.75 **2015 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2015 NF PE RVU:** 6.41
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 219,625

2007 Work RVU: 1.75 **2015 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2015 NF PE RVU:** 6.36
2007 Fac PE RVU NA **2015 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 **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Est Medicare Utilization:** 10,634

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2015 NF PE RVU:** 8.60
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Est Medicare Utilization:** 1,173

2007 Work RVU: 1.62 **2015 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2015 NF PE RVU:** 9.56
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Est Medicare Utilization:** 51,320

2007 Work RVU: 2.15 **2015 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2015 NF PE RVU:** 11.51
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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 Est Medicare Utilization:** 945,821

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2015 NF PE RVU:** 4.88
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 24,202

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 947,756

2007 Work RVU: 2.36 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2015 NF PE RVU:** 8.15
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 2.36 **CPT Action (if applicable):** **Result:** Maintain

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

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2014 Est Medicare Utilization:** 17,425,611

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2015 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

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

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2014 Est Medicare Utilization:** 11,730,550

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

71100 **Radiologic examination, ribs, unilateral; 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:** ACR **First Identified:** April 2013 **2014 Est Medicare Utilization:** 228,963

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2015 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:** RAW **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 259,174

2007 Work RVU: 0.27 **2015 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,640,516

2007 Work RVU: 1.16 **2015 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.96
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 844,497

2007 Work RVU: 1.92 **2015 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2015 NF PE RVU:** 6.47
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 600,706

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 394,610

2007 Work RVU: 0.31 **2015 Work RVU:** 0.31
2007 NF PE RVU: 1 **2015 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 100,183

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2015 NF PE RVU:** 1.17
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.36 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 309,158

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.63
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,855,610

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2015 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 871,888

2007 Work RVU: 0.31 **2015 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2015 NF PE RVU:** 1.02
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 90,732

2007 Work RVU: 0.36 **2015 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2015 NF PE RVU:** 1.39
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 37,824

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 915,894

2007 Work RVU: 1.16 **2015 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 4.03
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 19,985

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.12
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 2,115

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2015 NF PE RVU:** 6.23
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 130,474

2007 Work RVU: 1.16 **2015 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.98
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.16

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

Result: Maintain

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 Est Medicare Utilization:** 15,759

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.13
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,374

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2015 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 392,385

2007 Work RVU: 1.16 **2015 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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

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 Est Medicare Utilization:** 57,111

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2015 NF PE RVU:** 5.10
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 4,597

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2015 NF PE RVU:** 6.23
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 529,622

2007 Work RVU: 1.60 **2015 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2015 NF PE RVU:** 4.69
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 4,083

2007 Work RVU: 1.92 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2015 NF PE RVU:** 7.18
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 186,836

2007 Work RVU: 1.60 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2015 NF PE RVU:** 4.69
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 3,274

2007 Work RVU: 1.92 **2015 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2015 NF PE RVU:** 7.12
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,216,712

2007 Work RVU: 1.48 **2015 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2015 NF PE RVU:** 4.66
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 6,834

2007 Work RVU: 1.78 **2015 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2015 NF PE RVU:** 7.07
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 108,347

2007 Work RVU: 2.57 **2015 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2015 NF PE RVU:** 8.21
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization: 81,578

2007 Work RVU: 2.57 **2015 Work RVU:** 2.29

2007 NF PE RVU: 23.12 **2015 NF PE RVU:** 8.22

2007 Fac PE RVU NA **2015 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 Est Medicare Utilization: 260,363

2007 Work RVU: 2.36 **2015 Work RVU:** 2.29

2007 NF PE RVU: 23.45 **2015 NF PE RVU:** 8.16

2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 2.29

CPT Action (if applicable):

Result: Decrease

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

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 Est Medicare Utilization: 1,813,911

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17

2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.57

2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,521

2007 Work RVU: 1.81 **2015 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2015 NF PE RVU:** 6.60
2007 Fac PE RVU NA **2015 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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Est Medicare Utilization:** 143,209

2007 Work RVU: 1.09 **2015 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Est Medicare Utilization:** 34,082

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2015 NF PE RVU:** 5.09
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 - NPRM 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 Est Medicare Utilization:** 5,876

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2015 NF PE RVU:** 6.00
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.22 **CPT Action (if applicable):** October 2009 **Result:** Maintain
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 Est Medicare Utilization:** 6,533

2007 Work RVU: 0.91 **2015 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2015 NF PE RVU:** 1.78
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.91 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 711

2007 Work RVU: 0.91 **2015 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2015 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 29,908

2007 Work RVU: 0.83 **2015 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2015 NF PE RVU:** 1.69
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 7,926

2007 Work RVU: 1.33 **2015 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2015 NF PE RVU:** 2.16
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.33 **CPT Action (if applicable):** October 2013 **Result:** Maintain

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

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 Est Medicare Utilization:** 83,937

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2015 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2015 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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 58,623

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:** 816

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:** 2,377,684

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 342,331

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.16

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

Result: Decrease

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 Est Medicare Utilization:** 334,427

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.17

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

Result: Maintain

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

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 Est Medicare Utilization:** 945,710

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

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

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

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 Est Medicare Utilization:** 1,021,914

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 84,964

2007 Work RVU: 1.09 **2015 Work RVU:** 1.00

2007 NF PE RVU: 5.5 **2015 NF PE RVU:** 3.95

2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.09

CPT Action (if applicable):

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

Result: Maintain

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 Est Medicare Utilization: 13,863

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16

2007 NF PE RVU: 6.58 **2015 NF PE RVU:** 5.00

2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization: 1,866

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22

2007 NF PE RVU: 8.38 **2015 NF PE RVU:** 6.49

2007 Fac PE RVU NA **2015 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

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: May 2013

2014 Est Medicare Utilization: 3,406

2007 Work RVU: 1.81 **2015 Work RVU:** 1.81

2007 NF PE RVU: 11.22 **2015 NF PE RVU:** 7.22

2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 31,000

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2015 NF PE RVU:** 8.77
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

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 Est Medicare Utilization:** 418,257

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2015 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.35

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

Result: Maintain

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 Est Medicare Utilization:** 519,343

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

7350X1

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:**

2007 NF PE RVU: **2015 NF PE RVU:**

2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.17 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

7350X2

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:**

2007 NF PE RVU: **2015 NF PE RVU:**

2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

7350X3

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 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:**

2007 NF PE RVU: **2015 NF PE RVU:**

2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.27 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,427,230

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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 Est Medicare Utilization:** 364,423

2007 Work RVU: 0.26 **2015 Work RVU:** 0.26
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

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

7352X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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

7352X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.29 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

7352X3

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

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 Est Medicare Utilization:** 226

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 0.68 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2015 Work RVU:**
2007 NF PE RVU: 1.98 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 551,341

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

7355X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.16

CPT Action (if applicable): October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

7355X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 2,011,237

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,084,808

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,242,869

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 314,374

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 32,851

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2015 NF PE RVU:** 2.64
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 474,679

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.55
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 261,779

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,199,899

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 728,267

2007 Work RVU: 0.16 **2015 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,393,777

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2015 NF PE RVU:** 0.62
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 223,391

2007 Work RVU: 1.09 **2015 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2015 NF PE RVU:** 3.95
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 33,325

2007 Work RVU: 1.16 **2015 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2015 NF PE RVU:** 5.09
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 4,377

2007 Work RVU: 1.22 **2015 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2015 NF PE RVU:** 6.37
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 13,507

2007 Work RVU: 1.90 **2015 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2015 NF PE RVU:** 7.83
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

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 Est Medicare Utilization:** 605,519

2007 Work RVU: 1.35 **2015 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2015 NF PE RVU:** 5.16
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

74000 **Radiologic examination, abdomen; single anteroposterior view**

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 Est Medicare Utilization:** 2,094,354

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2015 NF PE RVU:** 0.46
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 97,647

2007 Work RVU: 1.19 **2015 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2015 NF PE RVU:** 2.94
2007 Fac PE RVU NA **2015 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 - NPRM 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 Est Medicare Utilization:** 132,395

2007 Work RVU: 1.27 **2015 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2015 NF PE RVU:** 5.12
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.42 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

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 - NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 108,461

2007 Work RVU: 1.40 **2015 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2015 NF PE RVU:** 5.87
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2009 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 159,376

2007 Work RVU: **2015 Work RVU:** 2.20
2007 NF PE RVU: **2015 NF PE RVU:** 8.54
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 46,926

2007 Work RVU: 1.90 **2015 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2015 NF PE RVU:** 6.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,092,727

2007 Work RVU: **2015 Work RVU:** 1.74
2007 NF PE RVU: **2015 NF PE RVU:** 3.77
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 2,476,724

2007 Work RVU: **2015 Work RVU:** 1.82

2007 NF PE RVU: **2015 NF PE RVU:** 6.80

2007 Fac PE RVU **2015 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 Est Medicare Utilization: 574,896

2007 Work RVU: **2015 Work RVU:** 2.01

2007 NF PE RVU: **2015 NF PE RVU:** 7.76

2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 2.01

CPT Action (if applicable): October 2009

Result: Decrease

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 Est Medicare Utilization: 353,646

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53

2007 NF PE RVU: 1.57 **2015 NF PE RVU:** 3.03

2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 25,473

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2015 NF PE RVU:** 3.21
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 17,254

2007 Work RVU: 0.99 **2015 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2015 NF PE RVU:** 4.89
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 17,019

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 5,246

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 336

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.19 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 14,757

2007 Work RVU: 0.49 **2015 Work RVU:** 0.49
2007 NF PE RVU: 2 **2015 NF PE RVU:** 2.54
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 37,269

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 23,176

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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 Est Medicare Utilization:** 14,091

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 3.69 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2014 Est Medicare Utilization:** 40,778

2007 Work RVU: **2015 Work RVU:** 2.40
2007 NF PE RVU: **2015 NF PE RVU:** 9.21
2007 Fac PE RVU **2015 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 **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 92,233

2007 Work RVU: 2.40 **2015 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2015 NF PE RVU:** 8.08
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2015 Work RVU:**
2007 NF PE RVU: 10.66 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2015 Work RVU:**
2007 NF PE RVU: 11.08 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.66 **2015 Work RVU:**
2007 NF PE RVU: 10.96 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.14 **2015 Work RVU:**
2007 NF PE RVU: 10.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 1.49 **2015 Work RVU:**
2007 NF PE RVU: 11.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.84 **2015 Work RVU:**
2007 NF PE RVU: 2.2 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 17,791

2007 Work RVU: **2015 Work RVU:** 1.71
2007 NF PE RVU: **2015 NF PE RVU:** 7.16
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 412

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2015 NF PE RVU:** 2.90
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:** 452

2007 Work RVU: 1.44 **2015 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 7,064

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 4,708

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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:**

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 Est Medicare Utilization:** 11,545

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 9,041

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 7,472

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 4.24 **2015 Work RVU:**
2007 NF PE RVU: 9.99 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2014 Est Medicare Utilization:** 49,430

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2015 NF PE RVU:** 3.30
2007 Fac PE RVU NA **2015 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?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Est Medicare Utilization:** 1,965

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU 6.96 **2015 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

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2014 Est Medicare Utilization:** 2,445

2007 Work RVU: 1.31 **2015 Work RVU:** 1.31
2007 NF PE RVU: 13.18 **2015 NF PE RVU:** 3.37
2007 Fac PE RVU NA **2015 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:**

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2014 Est Medicare Utilization:** 216

2007 Work RVU: 0.36 **2015 Work RVU:** 0.36
2007 NF PE RVU: 6.99 **2015 NF PE RVU:** 2.10
2007 Fac PE RVU 6.99 **2015 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 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2014 Est Medicare Utilization:** 281,464

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 12.72 **2015 NF PE RVU:** 3.26
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,861

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 5,017

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:** 62,067

2007 Work RVU: 0.72 **2015 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2015 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: NA | **2015 NF PE RVU:**
2007 Fac PE RVU NA | **2015 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:**

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 Est Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **2015 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 Est Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **2015 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 Est Medicare Utilization:** | **2007 Work RVU:** 0.00 | **2015 Work RVU:**
2007 NF PE RVU: 0 | **2015 NF PE RVU:**
2007 Fac PE RVU 0 | **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:** 133,819

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2015 NF PE RVU:** 1.12
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 5,580

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2015 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 193

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2015 NF PE RVU:** 3.06
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,115

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2015 NF PE RVU:** 4.22
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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 Est Medicare Utilization:** 26,851

2007 Work RVU: 0.66 **2015 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 766,859

2007 Work RVU: 0.56 **2015 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 2.69
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.56 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.27
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** October 2013 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.68
2007 NF PE RVU: **2015 NF PE RVU:** 1.78
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 911,383

2007 Work RVU: 0.54 **2015 Work RVU:**
2007 NF PE RVU: 1.41 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 999,613

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2015 NF PE RVU:** 2.61
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 987,748

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2015 NF PE RVU:** 1.96
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,209,997

2007 Work RVU: 0.74 **2015 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 2.41
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.74

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

Result: Maintain

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 Est Medicare Utilization:** 683,449

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.58

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.55 and refer to CPT Assistant

CPT Action (if applicable): May 2015
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:** 12,731

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 454,815

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 503,527

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 2.37
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 239,555

2007 Work RVU: 0.38 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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

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 Est Medicare Utilization:** 194,122

2007 Work RVU: 0.69 **2015 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.59 **2015 Work RVU:**
2007 NF PE RVU: 1.97 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 171,923

2007 Work RVU: **2015 Work RVU:** 0.63
2007 NF PE RVU: **2015 NF PE RVU:** 2.62
2007 Fac PE RVU **2015 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

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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 Est Medicare Utilization:** 244,395

2007 Work RVU: **2015 Work RVU:** 0.49
2007 NF PE RVU: **2015 NF PE RVU:** 0.49
2007 Fac PE RVU **2015 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

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Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 2,082

2007 Work RVU: 0.67 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,152

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 1,304

2007 Work RVU: 1.99 **2015 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2015 NF PE RVU:** 5.42
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,514

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,938,310

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2015 NF PE RVU:** 0.98
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 10

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 19,171

2007 Work RVU: 0.58 **2015 Work RVU:**
2007 NF PE RVU: 1.43 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 6,352

2007 Work RVU: 1.34 **2015 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Maintain

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

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

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 Est Medicare Utilization:** 22,706

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2015 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 430,633

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.38 **CPT Action (if applicable):** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / 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 Est Medicare Utilization:** 381,540

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 961,920

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 4,577

2007 Work RVU: 1.21 **2015 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2015 NF PE RVU:** 4.90
2007 Fac PE RVU NA **2015 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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2014 Est Medicare Utilization:** 1,409,229

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2015 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Review action plan January 2016. Review Sept 2017.Maintain current value **CPT Action (if applicable):** October 2013 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 1.59 **2015 Work RVU:**
2007 NF PE RVU: 6.19 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.56 **2015 Work RVU:**
2007 NF PE RVU: 1.26 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Est Medicare Utilization:** 5,360,421

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.17
2007 Fac PE RVU 0.38 **2015 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:**

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2014 Est Medicare Utilization:** 36,148

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2015 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2015 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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2014 Est Medicare Utilization:** 28,141

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2015 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2015 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

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2014 Est Medicare Utilization:** 218,769

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.43 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2015 Work RVU:**
2007 NF PE RVU: 2.45 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 - NPRM 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 Est Medicare Utilization:** 2,240,830

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2015 NF PE RVU:** 0.94
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.20 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 - NPRM 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 Est Medicare Utilization:** 141,876

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.71 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.20 **2015 Work RVU:**
2007 NF PE RVU: 0.71 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.30
2007 NF PE RVU: **2015 NF PE RVU:** 1.26
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)** **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2014 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** 0.17 **2007 NF PE RVU:** **2015 NF PE RVU:** 0.81 **2007 Fac PE RVU** **2015 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:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2014 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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

770X2 **Global:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2014 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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

770X3 **Global:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2014 Est Medicare Utilization:** **2007 Work RVU:** **2015 Work RVU:** **2007 NF PE RVU:** **2015 NF PE RVU:** **2007 Fac PE RVU** **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 312,964

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2015 NF PE RVU:** 6.85
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 3,409

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2015 NF PE RVU:** 10.86
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.05

CPT Action (if applicable): October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 323,849

2007 Work RVU: 1.56 **2015 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2015 NF PE RVU:** 12.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.56

CPT Action (if applicable): October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 12,570

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 10.87
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 138,668

2007 Work RVU: 4.56 **2015 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2015 NF PE RVU:** 9.13
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 1,714,604

2007 Work RVU: 0.62 **2015 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2015 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 99,387

2007 Work RVU: 7.99 **2015 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2015 NF PE RVU:** 45.66
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 3,991

2007 Work RVU: 0.70 **2015 Work RVU:**
2007 NF PE RVU: 1.79 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 2.60
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.40

CPT Action (if applicable):

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.90
2007 NF PE RVU: **2015 NF PE RVU:** 4.90
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 1,314

2007 Work RVU: 1.05 **2015 Work RVU:**
2007 NF PE RVU: 2.32 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 65,011

2007 Work RVU: 1.56 **2015 Work RVU:**
2007 NF PE RVU: 2.9 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 3.73
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.83
2007 NF PE RVU: **2015 NF PE RVU:** 4.87
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 2.90
2007 NF PE RVU: **2015 NF PE RVU:** 6.78
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 2.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Est Medicare Utilization:** 6,514

2007 Work RVU: 0.93 **2015 Work RVU:**
2007 NF PE RVU: 2.75 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,539

2007 Work RVU: 1.39 **2015 Work RVU:**
2007 NF PE RVU: 3.97 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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:** **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Est Medicare Utilization:** 10,189

2007 Work RVU: 2.09 **2015 Work RVU:**
2007 NF PE RVU: 5.54 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2014 Est Medicare Utilization:** 112,434

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

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

Result:

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?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2014 Est Medicare Utilization:** 10,939

2007 Work RVU: 0.84 **2015 Work RVU:** 0.84
2007 NF PE RVU: 1.75 **2015 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

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

Result:

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?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Est Medicare Utilization:** 852,890

2007 Work RVU: 1.24 **2015 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2015 NF PE RVU:** 2.96
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 457,844

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2015 NF PE RVU:** 2.13
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 119,569

2007 Work RVU: **2015 Work RVU:** 4.29
2007 NF PE RVU: **2015 NF PE RVU:** 9.60
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:** 50

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 821

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2015 NF PE RVU:** 29.67
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 18,089

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2015 NF PE RVU:** 37.68
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 14,367

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.37 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,956

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.27 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 4,174

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 776

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 20,387

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,905

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 2.87 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,027

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.02 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 177

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.01 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 10,408

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 476,361

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.46 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 347,362

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 40,214

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 3.68 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,305,359

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 16.8 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,370,330

2007 Work RVU: 0.39 **2015 Work RVU:**
2007 NF PE RVU: 3.11 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2015 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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?** No

Most Recent RUC Meeting: October 2009 **Tab** 27 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2014 Est Medicare Utilization:** 1,076,179

2007 Work RVU: 3.70 **2015 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU 1.15 **2015 Fac PE RVU:** 1.58

RUC Recommendation: Action plan. 3.45 **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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2014 Est Medicare Utilization:** 102,516

2007 Work RVU: 2.09 **2015 Work RVU:** 2.09
2007 NF PE RVU: 9.35 **2015 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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 Est Medicare Utilization:** 3,122

2007 Work RVU: 1.56 **2015 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2015 NF PE RVU:** 9.63
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 24

2007 Work RVU: 4.67 **2015 Work RVU:** 4.70
2007 NF PE RVU: 4.23 **2015 NF PE RVU:** 8.14
2007 Fac PE RVU 4.23 **2015 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:**

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 Est Medicare Utilization:** 52

2007 Work RVU: 7.49 **2015 Work RVU:** 7.52
2007 NF PE RVU: 6.92 **2015 NF PE RVU:** 8.45
2007 Fac PE RVU 6.92 **2015 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:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 090 **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 Est Medicare Utilization:** 5,259

2007 Work RVU: 11.23 **2015 Work RVU:** 11.32
2007 NF PE RVU: 9.38 **2015 NF PE RVU:** 12.49
2007 Fac PE RVU 9.38 **2015 Fac PE RVU:** NA

RUC Recommendation: 8.78 **CPT Action (if applicable):** February 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 1.21 **2015 Work RVU:**
2007 NF PE RVU: 16.73 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 2.04 **2015 Work RVU:**
2007 NF PE RVU: 18.94 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 5.15 **2015 Work RVU:**
2007 NF PE RVU: 28.04 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 20,488

2007 Work RVU: **2015 Work RVU:** 1.42
2007 NF PE RVU: **2015 NF PE RVU:** 5.19
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

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

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 Est Medicare Utilization:** 30,548

2007 Work RVU: **2015 Work RVU:** 3.25
2007 NF PE RVU: **2015 NF PE RVU:** 10.26
2007 Fac PE RVU **2015 Fac PE RVU:** NA

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

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 Est Medicare Utilization:** 5,789

2007 Work RVU: **2015 Work RVU:** 4.89
2007 NF PE RVU: **2015 NF PE RVU:** 16.65
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

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

7778X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.05

CPT Action (if applicable): October 2014 **Result:** Decrease

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

7778X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.40

CPT Action (if applicable): October 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

7778X3

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 Est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2015 Work RVU:

2015 NF PE RVU:

2015 Fac PE RVU:

RUC Recommendation: 1.95

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

7778X4

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 Est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2015 Work RVU:

2015 NF PE RVU:

2015 Fac PE RVU:

RUC Recommendation: 3.80

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

7778X5

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 Est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2015 Work RVU:

2015 NF PE RVU:

2015 Fac PE RVU:

RUC Recommendation: 5.40

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,102

2007 Work RVU: 1.05 **2015 Work RVU:** 1.05
2007 NF PE RVU: 1 **2015 NF PE RVU:** 1.60
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.19 **2015 Work RVU:**
2007 NF PE RVU: 1.21 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 1.59 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.33 **2015 Work RVU:**
2007 NF PE RVU: 1.26 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 2.76 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.39 **2015 Work RVU:**
2007 NF PE RVU: 2.45 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 2.99 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 3,463

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 2.09
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 3,136

2007 Work RVU: **2015 Work RVU:** 0.37
2007 NF PE RVU: **2015 NF PE RVU:** 5.11
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 29,439

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 6.44
2007 Fac PE RVU **2015 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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Est Medicare Utilization:** 16,403

2007 Work RVU: 0.82 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2015 NF PE RVU:** 7.85
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Est Medicare Utilization:** 8,317

2007 Work RVU: **2015 Work RVU:** 1.20
2007 NF PE RVU: **2015 NF PE RVU:** 9.10
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 23 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Est Medicare Utilization:** 5,691

2007 Work RVU: **2015 Work RVU:** 1.60
2007 NF PE RVU: **2015 NF PE RVU:** 10.18
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.60 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: 0.84 **2015 Work RVU:**
2007 NF PE RVU: 4.95 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 71,241

2007 Work RVU: **2015 Work RVU:** 0.74
2007 NF PE RVU: **2015 NF PE RVU:** 8.81
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 80,263

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 12.06
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 34,581

2007 Work RVU: 0.99 **2015 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2015 NF PE RVU:** 9.05
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

782X01 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit, up to 24 hours**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:**

782X02 **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 40,803

2007 Work RVU: **2015 Work RVU:** 1.38
2007 NF PE RVU: **2015 NF PE RVU:** 8.43
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 2,022,417

2007 Work RVU: **2015 Work RVU:** 1.62
2007 NF PE RVU: **2015 NF PE RVU:** 11.98
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 1,850

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 7.77
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 12,309

2007 Work RVU: **2015 Work RVU:** 1.34
2007 NF PE RVU: **2015 NF PE RVU:** 11.21
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2015 Work RVU:**
2007 NF PE RVU: 3.1 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.23 **2015 Work RVU:**
2007 NF PE RVU: 4.81 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 7.03 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.46 **2015 Work RVU:**
2007 NF PE RVU: 12.08 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 30,946

2007 Work RVU: 0.98 **2015 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2015 NF PE RVU:** 5.62
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.50 **2015 Work RVU:**
2007 NF PE RVU: 1.54 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.30 **2015 Work RVU:**
2007 NF PE RVU: 1.51 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 1,346

2007 Work RVU: **2015 Work RVU:** 0.49
2007 NF PE RVU: **2015 NF PE RVU:** 4.83
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 16,701

2007 Work RVU: 0.74 **2015 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2015 NF PE RVU:** 6.13
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 217,676

2007 Work RVU: **2015 Work RVU:** 1.07
2007 NF PE RVU: **2015 NF PE RVU:** 8.57
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.99 **2015 Work RVU:**
2007 NF PE RVU: 3.34 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 6.53 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:**
2007 NF PE RVU: 3.02 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.51 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.09 **2015 Work RVU:**
2007 NF PE RVU: 4.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:**
2007 NF PE RVU: 3.21 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.49 **2015 Work RVU:**
2007 NF PE RVU: 3.84 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.53 **2015 Work RVU:**
2007 NF PE RVU: 5.12 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 1.27 **2015 Work RVU:**
2007 NF PE RVU: 7.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 1,572

2007 Work RVU: **2015 Work RVU:** 0.75
2007 NF PE RVU: **2015 NF PE RVU:** 5.05
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 4,135

2007 Work RVU: **2015 Work RVU:** 0.85
2007 NF PE RVU: **2015 NF PE RVU:** 7.97
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:** 502,834

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:** 8,860

2007 Work RVU: 1.96 **2015 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2015 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 86,411

2007 Work RVU: 0.56 **2015 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 6,983

2007 Work RVU: 0.56 **2015 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2015 NF PE RVU:** 2.07
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 1.66 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 262,298

2007 Work RVU: 0.56 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2015 NF PE RVU:** 1.91
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 979,809

2007 Work RVU: 1.18 **2015 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2015 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

CPT Action (if applicable):

Result: Decrease

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

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 Est Medicare Utilization:** 69,685

2007 Work RVU: **2015 Work RVU:** 1.20
2007 NF PE RVU: **2015 NF PE RVU:** 16.19
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 52,541

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 14.47
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 9,456

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2015 NF PE RVU:** 1.36
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 Est Medicare Utilization:** 6,153

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2015 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 Est Medicare Utilization:** 3,000

2007 Work RVU: 0.76 **2015 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2015 NF PE RVU:** 2.01
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2014 Est Medicare Utilization: 85,991

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00

2007 NF PE RVU: 1.6 **2015 NF PE RVU:** 2.62

2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

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

Result:

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2014 Est Medicare Utilization: 1,769,293

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00

2007 NF PE RVU: 0.85 **2015 NF PE RVU:** 1.59

2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

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

Result:

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2014 Est Medicare Utilization: 33,651

2007 Work RVU: 1.36 **2015 Work RVU:** 1.36

2007 NF PE RVU: 0.44 **2015 NF PE RVU:** 0.60

2007 Fac PE RVU 0.44 **2015 Fac PE RVU:** 0.60

RUC Recommendation:

CPT Action (if applicable):

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2014 Est Medicare Utilization:** 28,180

2007 Work RVU: 1.69 **2015 Work RVU:** 1.69
2007 NF PE RVU: 0.54 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU 0.54 **2015 Fac PE RVU:** 0.79

RUC Recommendation:

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

Result:

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2014 Est Medicare Utilization:** 177,167

2007 Work RVU: 2.23 **2015 Work RVU:** 2.23
2007 NF PE RVU: 0.68 **2015 NF PE RVU:** 0.84
2007 Fac PE RVU 0.68 **2015 Fac PE RVU:** 0.84

RUC Recommendation:

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

Result:

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009 **2014 Est Medicare Utilization:** 217,649

2007 Work RVU: 0.08 **2015 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

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

Result: Maintain

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Est Medicare Utilization:** 93,272

2007 Work RVU: 0.13 **2015 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2015 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:**

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,027,536

2007 Work RVU: 0.22 **2015 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2015 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:**

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2014 Est Medicare Utilization:** 16,293,668

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2015 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

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

Result: Maintain

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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Est Medicare Utilization:** 899,093

2007 Work RVU: 1.59 **2015 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 6.93
2007 Fac PE RVU NA **2015 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 NPRM for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Est Medicare Utilization:** 150,184

2007 Work RVU: 2.80 **2015 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2015 NF PE RVU:** 10.12
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,437,169

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2015 NF PE RVU:** 2.17
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,548,522

2007 Work RVU: 0.24 **2015 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2015 NF PE RVU:** 1.64
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 18,583

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2015 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2015 Work RVU:**
2007 NF PE RVU: 1.98 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 14,806

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2015 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2015 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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Est Medicare Utilization:** 176,947

2007 Work RVU: 1.63 **2015 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2015 NF PE RVU:** 1.00
2007 Fac PE RVU 0.54 **2015 Fac PE RVU:** 0.72

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Est Medicare Utilization:** 35,383

2007 Work RVU: 1.83 **2015 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2015 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2015 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

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Est Medicare Utilization:** 7,011

2007 Work RVU: 2.50 **2015 Work RVU:** 2.50
2007 NF PE RVU: 2.76 **2015 NF PE RVU:** 3.41
2007 Fac PE RVU 0.87 **2015 Fac PE RVU:** 1.20

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:** 31,994

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.95
2007 Fac PE RVU 0.27 **2015 Fac PE RVU:** 0.33

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 Est Medicare Utilization:** 525,277

2007 Work RVU: 1.19 **2015 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2015 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 184,479

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.42
2007 NF PE RVU: **2015 NF PE RVU:** 1.45
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.65 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 2

2007 Work RVU: 0.85 **2015 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2015 NF PE RVU:** 1.81
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.77
2007 NF PE RVU: **2015 NF PE RVU:** 2.48
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 252,294

2007 Work RVU: 0.86 **2015 Work RVU:** 0.86
2007 NF PE RVU: 1.67 **2015 NF PE RVU:** 2.21
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 17,736

2007 Work RVU: 0.86 **2015 Work RVU:** 0.86
2007 NF PE RVU: 1.28 **2015 NF PE RVU:** 1.72
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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 Est Medicare Utilization:** 13,988

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2015 NF PE RVU:** 8.14
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 Est Medicare Utilization:** 22

2007 Work RVU: 0.76 **2015 Work RVU:**
2007 NF PE RVU: 4.88 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): Oct 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Est Medicare Utilization:** 15,675

2007 Work RVU: 3.02 **2015 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2015 NF PE RVU:** 2.91
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 2.80

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

8835X0

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.53
2007 NF PE RVU: **2015 NF PE RVU:** 2.17
2007 Fac PE RVU **2015 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 - NPRM 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 Est Medicare Utilization:** 48,249

2007 Work RVU: 1.20 **2015 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2015 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 2

Status Report: CMS Requests and Relativity Assessment Issues

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 - NPRM 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.24
2007 NF PE RVU: **2015 NF PE RVU:** 2.92
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.24 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 168,799

2007 Work RVU: 1.30 **2015 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2015 NF PE RVU:** 2.25
2007 Fac PE RVU NA **2015 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 2

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 Est Medicare Utilization:** 248,059

2007 Work RVU: 1.40 **2015 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2015 NF PE RVU:** 2.14
2007 Fac PE RVU NA **2015 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 2

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.53
2007 NF PE RVU: **2015 NF PE RVU:** 1.51
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.43
2007 NF PE RVU: **2015 NF PE RVU:** 1.24
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.93
2007 NF PE RVU: **2015 NF PE RVU:** 4.77
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.04 **CPT Action (if applicable):** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 - NPRM 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 1.40
2007 NF PE RVU: **2015 NF PE RVU:** 4.56
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.35 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.17 **2015 NF PE RVU:**
2007 Fac PE RVU 0.09 **2015 Fac PE RVU:**

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

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 Est Medicare Utilization:** 332,097

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

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

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 Est Medicare Utilization:** 23,229

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **2015 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 Est Medicare Utilization:** 26

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU 0.06 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **2015 Fac PE RVU:** NA

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

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:** **2014 Est Medicare Utilization:** 255,632

2007 Work RVU: **2015 Work RVU:** 0.33
2007 NF PE RVU: **2015 NF PE RVU:** 0.06
2007 Fac PE RVU **2015 Fac PE RVU:** 0.06

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:** **2014 Est Medicare Utilization:** 900,873

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.57
2007 Fac PE RVU **2015 Fac PE RVU:** 0.46

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

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:

2014 Est Medicare Utilization: 535,002

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2015 Work RVU: 3.25
2015 NF PE RVU: 0.73
2015 Fac PE RVU: 0.61

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 Est Medicare Utilization:

2007 Work RVU: 2.80
2007 NF PE RVU: 1.25
2007 Fac PE RVU 0.85

2015 Work RVU:
2015 NF PE RVU:
2015 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:**

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 Est Medicare Utilization:

2007 Work RVU: 1.37
2007 NF PE RVU: 0.53
2007 Fac PE RVU 0.38

2015 Work RVU:
2015 NF PE RVU:
2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 1.86 **2015 Work RVU:**
2007 NF PE RVU: 0.66 **2015 NF PE RVU:**
2007 Fac PE RVU 0.53 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.79 **2015 Work RVU:**
2007 NF PE RVU: 0.94 **2015 NF PE RVU:**
2007 Fac PE RVU 0.8 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 1.89 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0.63 **2015 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

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:** **2014 Est Medicare Utilization:** 2,322,447

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.24
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 1,298,480

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.29
2007 Fac PE RVU **2015 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:**

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:** **2014 Est Medicare Utilization:** 5,789,421

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.31
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2014 Est Medicare Utilization:** 566,683

2007 Work RVU: **2015 Work RVU:** 1.90
2007 NF PE RVU: **2015 NF PE RVU:** 0.36
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 3,919,000

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.46
2007 Fac PE RVU **2015 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:**

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:** **2014 Est Medicare Utilization:** 97,637

2007 Work RVU: **2015 Work RVU:** 2.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.48
2007 Fac PE RVU **2015 Fac PE RVU:** 0.46

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: **2014 Est Medicare Utilization:** 13,130

2007 Work RVU: **2015 Work RVU:** 3.13
2007 NF PE RVU: **2015 NF PE RVU:** 0.49
2007 Fac PE RVU **2015 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: **2014 Est Medicare Utilization:** 2,595

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.23
2007 Fac PE RVU **2015 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:**

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: **2014 Est Medicare Utilization:** 5,481

2007 Work RVU: 1.79 **2015 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.49 **2015 Fac PE RVU:** 0.37

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: **2014 Est Medicare Utilization:** 22,883

2007 Work RVU: 1.83 **2015 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.6 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2014 Est Medicare Utilization:** 207,493

2007 Work RVU: 2.21 **2015 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.69 **2015 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:** **2014 Est Medicare Utilization:** 1,122,264

2007 Work RVU: 0.59 **2015 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU 0.22 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.95 **2015 Work RVU:**
2007 NF PE RVU: 0.46 **2015 NF PE RVU:**
2007 Fac PE RVU 0.31 **2015 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

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:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 140,558

2007 Work RVU: 1.88 **2015 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2015 NF PE RVU:** 2.40
2007 Fac PE RVU 0.54 **2015 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Increase

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

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 Est Medicare Utilization:** 1,235,523

2007 Work RVU: 1.22 **2015 Work RVU:** 1.48
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2015 Fac PE RVU:** 0.48

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 66,404

2007 Work RVU: 2.11 **2015 Work RVU:** 2.11
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2015 Fac PE RVU:** 0.71

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 Est Medicare Utilization:** 152,406

2007 Work RVU: 1.28 **2015 Work RVU:** 1.56
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2015 Fac PE RVU:** 0.77

RUC Recommendation: 1.56 **CPT Action (if applicable):** **Result:** Increase

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

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 Est Medicare Utilization:** 14,094

2007 Work RVU: 2.16 **2015 Work RVU:** 2.52
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2015 Fac PE RVU:** 0.83

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 30

2007 Work RVU: **2015 Work RVU:** 18.46
2007 NF PE RVU: **2015 NF PE RVU:** 6.95
2007 Fac PE RVU **2015 Fac PE RVU:** 6.94

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 Est Medicare Utilization:** 6

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 25

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:** 641

2007 Work RVU: **2015 Work RVU:** 15.98
2007 NF PE RVU: **2015 NF PE RVU:** 6.12
2007 Fac PE RVU **2015 Fac PE RVU:** 6.11

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 Est Medicare Utilization:** 163

2007 Work RVU: **2015 Work RVU:** 8.79
2007 NF PE RVU: **2015 NF PE RVU:** 3.61
2007 Fac PE RVU **2015 Fac PE RVU:** 3.60

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 199

2007 Work RVU: **2015 Work RVU:** 5.95
2007 NF PE RVU: **2015 NF PE RVU:** 2.74
2007 Fac PE RVU **2015 Fac PE RVU:** 2.74

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

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 Est Medicare Utilization:** 2,354

2007 Work RVU: **2015 Work RVU:** 12.52
2007 NF PE RVU: **2015 NF PE RVU:** 4.92
2007 Fac PE RVU **2015 Fac PE RVU:** 4.91

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 Est Medicare Utilization:** 781

2007 Work RVU: **2015 Work RVU:** 8.34
2007 NF PE RVU: **2015 NF PE RVU:** 3.46
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 606

2007 Work RVU: **2015 Work RVU:** 5.50
2007 NF PE RVU: **2015 NF PE RVU:** 2.53
2007 Fac PE RVU **2015 Fac PE RVU:** 2.53

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

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 Est Medicare Utilization:** 2,239,510

2007 Work RVU: **2015 Work RVU:** 5.18
2007 NF PE RVU: **2015 NF PE RVU:** 2.53
2007 Fac PE RVU **2015 Fac PE RVU:** 2.53

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 Est Medicare Utilization:** 692,801

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 2.22
2007 Fac PE RVU **2015 Fac PE RVU:** 2.22

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:**

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 Est Medicare Utilization:** 194,583

2007 Work RVU: **2015 Work RVU:** 3.15
2007 NF PE RVU: **2015 NF PE RVU:** 1.86
2007 Fac PE RVU **2015 Fac PE RVU:** 1.86

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

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 Est Medicare Utilization:** 258

2007 Work RVU: **2015 Work RVU:** 10.56
2007 NF PE RVU: **2015 NF PE RVU:** 4.20
2007 Fac PE RVU **2015 Fac PE RVU:** 4.19

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 Est Medicare Utilization:** 884

2007 Work RVU: **2015 Work RVU:** 9.14
2007 NF PE RVU: **2015 NF PE RVU:** 3.73
2007 Fac PE RVU **2015 Fac PE RVU:** 3.72

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 1,649

2007 Work RVU: **2015 Work RVU:** 8.69
2007 NF PE RVU: **2015 NF PE RVU:** 3.59
2007 Fac PE RVU **2015 Fac PE RVU:** 3.58

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

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 Est Medicare Utilization:** 304,954

2007 Work RVU: **2015 Work RVU:** 4.26
2007 NF PE RVU: **2015 NF PE RVU:** 2.21
2007 Fac PE RVU **2015 Fac PE RVU:** 2.21

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 Est Medicare Utilization:** 3,322

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 11.69
2007 Fac PE RVU 2.36 **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

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

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2014 Est Medicare Utilization:** 50,421

2007 Work RVU: 3.64 **2015 Work RVU:** 3.64
2007 NF PE RVU: 21.77 **2015 NF PE RVU:** 21.50
2007 Fac PE RVU NA **2015 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

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?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2014 Est Medicare Utilization:** 177

2007 Work RVU: 1.00 **2015 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2015 NF PE RVU:** 19.71
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

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

Result:

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 Est Medicare Utilization:** 22

2007 Work RVU: 0.00 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0 **2015 NF PE RVU:** 3.67
2007 Fac PE RVU 0 **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 Est Medicare Utilization:** 93

2007 Work RVU: 0.00 **2015 Work RVU:** 0.66
2007 NF PE RVU: 0 **2015 NF PE RVU:** 4.20
2007 Fac PE RVU 0 **2015 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 Est Medicare Utilization:** 101,747

2007 Work RVU: 0.36 **2015 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2015 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 151,597

2007 Work RVU: 0.44 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,766,224

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2015 NF PE RVU:** 1.29
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 38,224

2007 Work RVU: 0.92 **2015 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2015 NF PE RVU:** 1.63
2007 Fac PE RVU 0.35 **2015 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 Est Medicare Utilization:** 2,361,888

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.72
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 5,433,437

2007 Work RVU: **2015 Work RVU:** 0.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.75
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.35 **2015 Work RVU:**
2007 NF PE RVU: 0.79 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO, AOA, ASCRS **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,455,093

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2015 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 33,530

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2015 NF PE RVU:** 1.25
2007 Fac PE RVU 0.2 **2015 Fac PE RVU:** 0.23

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

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

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2014 Est Medicare Utilization:** 1,277,034

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2015 NF PE RVU:** 2.26
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling. 0.81

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2014 Est Medicare Utilization:** 100,836

2007 Work RVU: 1.10 **2015 Work RVU:** 1.10
2007 NF PE RVU: 5.7 **2015 NF PE RVU:** 6.05
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for bundling.

CPT Action (if applicable): October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2014 Est Medicare Utilization:** 2,826,200

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

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

Result: Maintain

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 Est Medicare Utilization:** 20,008

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2015 NF PE RVU:** 1.74
2007 Fac PE RVU NA **2015 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** 21 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry)

First Identified: July 2015 **2014 Est Medicare Utilization:** 67,193

2007 Work RVU: 1.01 **2015 Work RVU:** 1.01
2007 NF PE RVU: 2.08 **2015 NF PE RVU:** 3.09
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable): **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 Est Medicare Utilization:** 325,757

2007 Work RVU: 0.20 **2015 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 135,388

2007 Work RVU: 0.66 **2015 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 3,232

2007 Work RVU: 0.81 **2015 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2015 NF PE RVU:** 3.05
2007 Fac PE RVU 0.31 **2015 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: **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** October 2015 **Result:**

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 Est Medicare Utilization:** 212,875

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU 0.08 **2015 Fac PE RVU:** 0.08

RUC Recommendation: 0.18

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: 0.86 **2015 Work RVU:**
2007 NF PE RVU: 2.76 **2015 NF PE RVU:**
2007 Fac PE RVU 0.36 **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified: **2014 Est Medicare Utilization:** 136,666

2007 Work RVU: 0.52 **2015 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2015 NF PE RVU:** 0.89
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed

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

Result: Decrease

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 Est Medicare Utilization:** 2,031

2007 Work RVU: 0.26 **2015 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.11 **2015 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 Est Medicare Utilization:** 135

2007 Work RVU: **2015 Work RVU:** 1.75
2007 NF PE RVU: **2015 NF PE RVU:** 1.22
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 2,188

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.04
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 6,309

2007 Work RVU: **2015 Work RVU:** 3.00
2007 NF PE RVU: **2015 NF PE RVU:** 2.15
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 9,537

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 0.93
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 35,254

2007 Work RVU: 0.55 **2015 Work RVU:** 1.34
2007 NF PE RVU: 1.65 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU 0.19 **2015 Fac PE RVU:** NA

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:** Decrease
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 Est Medicare Utilization:** 89,931

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.32
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 22,606

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2015 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 48,544

2007 Work RVU: 0.33 **2015 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 334,077

2007 Work RVU: 0.10 **2015 Work RVU:** 0.10
2007 NF PE RVU: 0.59 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 5,728

2007 Work RVU: 0.26 **2015 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2015 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 13,263

2007 Work RVU: 0.23 **2015 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 89,669

2007 Work RVU: 0.29 **2015 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 170,798

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2015 NF PE RVU:** 0.17
2007 Fac PE RVU 0.09 **2015 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 Est Medicare Utilization:** 31,480

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2015 NF PE RVU:** 2.38
2007 Fac PE RVU NA **2015 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:**

9254X1

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.80

CPT Action (if applicable): October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

9254X2

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.55 **CPT Action (if applicable):** October 2014 **Result:** Increase

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 Est Medicare Utilization:** 270,748

2007 Work RVU: **2015 Work RVU:** 0.35
2007 NF PE RVU: **2015 NF PE RVU:** 0.23
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 1,132,507

2007 Work RVU: 0.00 **2015 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2015 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 200

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 747,977

2007 Work RVU: 0.00 **2015 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 12,521

2007 Work RVU: 0.00 **2015 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0.35 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2014 Est Medicare Utilization:** 55,278

2007 Work RVU: **2015 Work RVU:** 0.55
2007 NF PE RVU: **2015 NF PE RVU:** 0.33
2007 Fac PE RVU **2015 Fac PE RVU:** 0.27

RUC Recommendation: Review Action plan January 2016. 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 Est Medicare Utilization:** 85,802

2007 Work RVU: 0.13 **2015 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 103,426

2007 Work RVU: 0.36 **2015 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 0.36
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 2,322

2007 Work RVU: 0.86 **2015 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2015 NF PE RVU:** 0.71
2007 Fac PE RVU 0.4 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 1.75
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:** 1.40
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:** 224

2007 Work RVU: 0.00 **2015 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2015 NF PE RVU:** 1.56
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 92

2007 Work RVU: 0.00 **2015 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 8,755

2007 Work RVU: 0.00 **2015 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2015 NF PE RVU:** 1.58
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

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 Est Medicare Utilization:** 9,401

2007 Work RVU: 0.00 **2015 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2015 NF PE RVU:** 1.04
2007 Fac PE RVU NA **2015 Fac PE RVU:** 0.70

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:** Decrease

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 Est Medicare Utilization:** 6,032

2007 Work RVU: 0.00 **2015 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2015 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.34 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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.65
2007 NF PE RVU: **2015 NF PE RVU:** 0.27
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 2,608

2007 Work RVU: 0.00 **2015 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 42

2007 Work RVU: 0.00 **2015 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2015 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 7,068

2007 Work RVU: 0.00 **2015 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 1.3 **2015 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 Est Medicare Utilization:** 20,029

2007 Work RVU: 0.00 **2015 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2015 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2015 Fac PE RVU:** 0.70

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 Est Medicare Utilization:** 5,862

2007 Work RVU: 0.00 **2015 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.52 **2015 Fac PE RVU:** 0.16

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 Est Medicare Utilization:** 7

2007 Work RVU: 0.00 **2015 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2015 NF PE RVU:** 1.39
2007 Fac PE RVU 1.4 **2015 Fac PE RVU:** 0.89

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 Est Medicare Utilization:** 24,896

2007 Work RVU: **2015 Work RVU:** 10.10
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.45

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 1,294

2007 Work RVU: **2015 Work RVU:** 11.99
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.08

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 232,004

2007 Work RVU: **2015 Work RVU:** 11.21
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.81

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 Est Medicare Utilization:** 1

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 8,022

2007 Work RVU: **2015 Work RVU:** 12.54
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.26

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 19,891

2007 Work RVU: **2015 Work RVU:** 11.20
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.81

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 49,848

2007 Work RVU: **2015 Work RVU:** 12.56
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.27

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 Est Medicare Utilization:** 6,720

2007 Work RVU: **2015 Work RVU:** 12.56
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 4.27

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 150,453

2007 Work RVU: 2.25 **2015 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2015 NF PE RVU:** 3.43
2007 Fac PE RVU 1.25 **2015 Fac PE RVU:** 1.08

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 Est Medicare Utilization:** 3,517

2007 Work RVU: 3.28 **2015 Work RVU:** 3.28
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2015 Fac PE RVU:** 1.13

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 Est Medicare Utilization:**

2007 Work RVU: 14.82 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 6.65 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 4.16 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.8 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 10.96 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 4.97 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 2.97 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.28 **2015 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 Est Medicare Utilization:** 3,721

2007 Work RVU: 22.70 **2015 Work RVU:** 22.85
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2015 Fac PE RVU:** 10.58

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 Est Medicare Utilization:**

2007 Work RVU: 12.07 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 5.45 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 3.26 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 1.41 **2015 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 Est Medicare Utilization:** 11,658,164

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 468,006

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2015 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 18,028,843

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2015 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2015 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:** **2014 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 5.55 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 0.2 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **2015 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 Est Medicare Utilization:** 1,131,482

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2015 NF PE RVU:** 1.36
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,125,949

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2015 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2015 Fac PE RVU:** 0.16

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 Est Medicare Utilization:** 103,439

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2015 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,299,810

2007 Work RVU: 0.30 **2015 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.10
2007 Fac PE RVU 0.12 **2015 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 Est Medicare Utilization:** 1,271

2007 Work RVU: 0.75 **2015 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2015 NF PE RVU:** 3.82
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 134,361

2007 Work RVU: 0.16 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 13,580

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2015 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 527,836

2007 Work RVU: 0.16 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2015 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2015 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 Est Medicare Utilization:** 414,026

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2015 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 129,652

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 157,792

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2015 NF PE RVU:** 1.06
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 393,875

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.22
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** 0.22

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:** **2014 Est Medicare Utilization:** 83,322

2007 Work RVU: **2015 Work RVU:** 0.52
2007 NF PE RVU: **2015 NF PE RVU:** 0.19
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 137,807

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 18.97
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 3.49 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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: **2014 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 1.37 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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: **2014 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 1.92 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.52 **2015 Work RVU:**
2007 NF PE RVU: 0.2 **2015 NF PE RVU:**
2007 Fac PE RVU 0.2 **2015 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: **2014 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 0.18 **2015 NF PE RVU:**
2007 Fac PE RVU 0.18 **2015 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:** **2014 Est Medicare Utilization:** 18,730

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2015 NF PE RVU:** 5.21
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 53,562

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1 **2015 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 74,356

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2015 NF PE RVU:** 4.78
2007 Fac PE RVU NA **2015 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:** **2014 Est Medicare Utilization:** 100,468

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.18
2007 Fac PE RVU 0.2 **2015 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:**

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:** Cardiology Services **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2014 Est Medicare Utilization:** 42,591

2007 Work RVU: 0.92 **2015 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2015 NF PE RVU:** 2.71
2007 Fac PE RVU NA **2015 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 **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Est Medicare Utilization:** 213,514

2007 Work RVU: 0.53 **2015 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2015 NF PE RVU:** 2.95
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 340,944

2007 Work RVU: 0.38 **2015 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU 1.82 **2015 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 Est Medicare Utilization:** 134,221

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU 1.04 **2015 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 Est Medicare Utilization:** 475,046

2007 Work RVU: 0.07 **2015 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2015 NF PE RVU:** 0.65
2007 Fac PE RVU 2.36 **2015 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 Est Medicare Utilization:** 118,396

2007 Work RVU: 1.48 **2015 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2015 NF PE RVU:** 5.25
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 34,291

2007 Work RVU: **2015 Work RVU:** 2.72
2007 NF PE RVU: **2015 NF PE RVU:** 18.93
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,897

2007 Work RVU: **2015 Work RVU:** 4.75
2007 NF PE RVU: **2015 NF PE RVU:** 19.38
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 3,861

2007 Work RVU: **2015 Work RVU:** 6.24
2007 NF PE RVU: **2015 NF PE RVU:** 24.77
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

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 Est Medicare Utilization:** 90,276

2007 Work RVU: **2015 Work RVU:** 4.79
2007 NF PE RVU: **2015 NF PE RVU:** 19.62
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2009 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 24,368

2007 Work RVU: **2015 Work RVU:** 5.54
2007 NF PE RVU: **2015 NF PE RVU:** 22.88
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 13,274

2007 Work RVU: **2015 Work RVU:** 6.15
2007 NF PE RVU: **2015 NF PE RVU:** 24.36
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 2,929

2007 Work RVU: **2015 Work RVU:** 6.89
2007 NF PE RVU: **2015 NF PE RVU:** 27.58
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 524,875

2007 Work RVU: **2015 Work RVU:** 5.85
2007 NF PE RVU: **2015 NF PE RVU:** 23.40
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 115,391

2007 Work RVU: **2015 Work RVU:** 6.60
2007 NF PE RVU: **2015 NF PE RVU:** 25.69
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 92,946

2007 Work RVU: **2015 Work RVU:** 7.35
2007 NF PE RVU: **2015 NF PE RVU:** 27.25
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 17,740

2007 Work RVU: **2015 Work RVU:** 8.10
2007 NF PE RVU: **2015 NF PE RVU:** 31.50
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 3,924

2007 Work RVU: **2015 Work RVU:** 3.73
2007 NF PE RVU: **2015 NF PE RVU:** 1.47
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 6,681

2007 Work RVU: **2015 Work RVU:** 2.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.68
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 733

2007 Work RVU: **2015 Work RVU:** 1.80
2007 NF PE RVU: **2015 NF PE RVU:** 5.88
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:** 101,415

2007 Work RVU: 0.00 **2015 Work RVU:** 2.91
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.53

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 0 **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.00 **2015 Work RVU:**
2007 NF PE RVU: 0 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 165

2007 Work RVU: **2015 Work RVU:** 1.11
2007 NF PE RVU: **2015 NF PE RVU:** 0.38
2007 Fac PE RVU **2015 Fac PE RVU:** 0.38

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 Est Medicare Utilization:** 12

2007 Work RVU: **2015 Work RVU:** 1.13
2007 NF PE RVU: **2015 NF PE RVU:** 0.39
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 123

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 0.31
2007 Fac PE RVU **2015 Fac PE RVU:** 0.31

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 691

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 3.80
2007 Fac PE RVU **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 43,451

2007 Work RVU: **2015 Work RVU:** 0.97
2007 NF PE RVU: **2015 NF PE RVU:** 2.83
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 900

2007 Work RVU: **2015 Work RVU:** 0.88
2007 NF PE RVU: **2015 NF PE RVU:** 3.29
2007 Fac PE RVU **2015 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:**

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 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Est Medicare Utilization:** 44,229

2007 Work RVU: 6.99 **2015 Work RVU:** 6.99
2007 NF PE RVU: NA **2015 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2015 Fac PE RVU:** 2.90

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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13,322

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 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 Est Medicare Utilization:** 43,268

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: NA **2015 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 16.23 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 6.96 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 17.65 **2015 Work RVU:**
2007 NF PE RVU: NA **2015 NF PE RVU:**
2007 Fac PE RVU 7.58 **2015 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 Est Medicare Utilization:** 28,633

2007 Work RVU: **2015 Work RVU:** 15.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 6.14

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 Est Medicare Utilization:** 5,270

2007 Work RVU: **2015 Work RVU:** 20.00
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 8.12

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 Est Medicare Utilization:** 12,464

2007 Work RVU: **2015 Work RVU:** 7.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.06

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 Est Medicare Utilization:** 24,873

2007 Work RVU: **2015 Work RVU:** 20.02
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 8.24

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 Est Medicare Utilization:** 13,651

2007 Work RVU: **2015 Work RVU:** 7.50
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 3.05

RUC Recommendation: 10.00

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 Est Medicare Utilization:** 26,784

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** NA

RUC Recommendation: Maintain

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

Result: Maintain

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 Est Medicare Utilization:** 101,763

2007 Work RVU: 0.17 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.45 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 0.92 **2015 Work RVU:**
2007 NF PE RVU: 0.94 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 0.17 **2015 Work RVU:**
2007 NF PE RVU: 0.83 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 1.03 **2015 Work RVU:**
2007 NF PE RVU: 1.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 1.18 **2015 Work RVU:**
2007 NF PE RVU: 1.19 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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 Est Medicare Utilization:**

2007 Work RVU: 0.22 **2015 Work RVU:**
2007 NF PE RVU: 2.38 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 d

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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 Est Medicare Utilization:** 2,546,542

2007 Work RVU: 0.60 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2015 NF PE RVU:** 4.84
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 42,003

2007 Work RVU: 0.40 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2015 NF PE RVU:** 3.08
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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

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 Est Medicare Utilization:** 78,621

2007 Work RVU: 0.94 **2015 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2015 NF PE RVU:** 7.15
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 16,419

2007 Work RVU: 0.62 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2015 NF PE RVU:** 3.68
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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:**

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 Est Medicare Utilization:** 658,534

2007 Work RVU: 0.25 **2015 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2015 NF PE RVU:** 2.25
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 514,997

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2015 NF PE RVU:** 3.42
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 95,556

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2015 NF PE RVU:** 4.33
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 590,930

2007 Work RVU: 0.58 **2015 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2015 NF PE RVU:** 6.49
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 227,923

2007 Work RVU: 0.39 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 20,999

2007 Work RVU: 0.46 **2015 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2015 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 41,192

2007 Work RVU: 0.31 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2015 NF PE RVU:** 3.12
2007 Fac PE RVU NA **2015 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: **Tab** **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2014 Est Medicare Utilization:** 123,848

2007 Work RVU: 0.35 **2015 Work RVU:** 0.35
2007 NF PE RVU: 2.83 **2015 NF PE RVU:** 3.03
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 1,630,022

2007 Work RVU: 0.68 **2015 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2015 NF PE RVU:** 4.80
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,623,153

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2015 NF PE RVU:** 2.93
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 195,330

2007 Work RVU: 1.80 **2015 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2015 NF PE RVU:** 6.72
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 128,913

2007 Work RVU: 1.21 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2015 NF PE RVU:** 3.76
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 299,141

2007 Work RVU: 0.65 **2015 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2015 NF PE RVU:** 4.51
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 62,328

2007 Work RVU: 0.44 **2015 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 2.85
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 103,626

2007 Work RVU: 0.25 **2015 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2015 NF PE RVU:** 3.96
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,244,356

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2015 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 186

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization: 1,654

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization: 11,964

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2015 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2015 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 Est Medicare Utilization: 1,193,944

2007 Work RVU: 0.31 **2015 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2015 NF PE RVU:** 1.43
2007 Fac PE RVU 1.13 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.7 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.13 **2015 Work RVU:**
2007 NF PE RVU: 0.63 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.73 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.77 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 0.69 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 640

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 574

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 1.46
2007 Fac PE RVU NA **2015 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 Stress Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2014 Est Medicare Utilization:** 235,112

2007 Work RVU: 0.64 **2015 Work RVU:** 0.64
2007 NF PE RVU: 2.06 **2015 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

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

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 Est Medicare Utilization:** 593,992

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 18,335

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2015 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published

CPT Action (if applicable):
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Maintain

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 Est Medicare Utilization:** 14,034

2007 Work RVU: 0.20 **2015 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2015 NF PE RVU:** 1.29
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 1.04 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.26 **2015 Work RVU:**
2007 NF PE RVU: 2.43 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 573,900

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 1.21
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 347,115

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 0.91
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:** 13,192

2007 Work RVU: **2015 Work RVU:** 0.26
2007 NF PE RVU: **2015 NF PE RVU:** 0.83
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

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

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 Est Medicare Utilization:** 972,765

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 1.33
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 61,633

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2015 NF PE RVU:** 0.08
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 11,572

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2015 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

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

Result: PE Only

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 Est Medicare Utilization:** 302,993

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

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

Result: PE Only

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 Est Medicare Utilization:** 5,131

2007 Work RVU: 0.15 **2015 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** NA
2007 Fac PE RVU NA **2015 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2014 Est Medicare Utilization:** 10,110,644

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2015 Work RVU:**
2007 NF PE RVU: 0.31 **2015 NF PE RVU:**
2007 Fac PE RVU 0.06 **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.15 **2015 Work RVU:**
2007 NF PE RVU: 0.16 **2015 NF PE RVU:**
2007 Fac PE RVU 0.06 **2015 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

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 Est Medicare Utilization:** 24,040

2007 Work RVU: **2015 Work RVU:** 0.07
2007 NF PE RVU: **2015 NF PE RVU:** 0.14
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 65,371

2007 Work RVU: **2015 Work RVU:** 0.14
2007 NF PE RVU: **2015 NF PE RVU:** 0.38
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 1,760,746

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 234,279

2007 Work RVU: 0.00 **2015 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2015 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

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

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 Est Medicare Utilization:** 1,130,443

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU 0.29 **2015 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 Est Medicare Utilization:** 2,387,108

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.38 **2015 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

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?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2014 Est Medicare Utilization:** 184,342

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.02 **2015 Fac PE RVU:** 0.02

RUC Recommendation:

CPT Action (if applicable):

Result: Maintain

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

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 Est Medicare Utilization:** 15,642

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2015 NF PE RVU:** 1.41
2007 Fac PE RVU 0.03 **2015 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?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2014 Est Medicare Utilization:** 6,577,192

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU 0.02 **2015 Fac PE RVU:** 0.02

RUC Recommendation:

CPT Action (if applicable):

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 26,402

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2015 NF PE RVU:** 4.42
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 31,975

2007 Work RVU: 0.85 **2015 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.33
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** 0.33

RUC Recommendation: Referred to CPT **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 Est Medicare Utilization:** 9,421

2007 Work RVU: **2015 Work RVU:** 1.05
2007 NF PE RVU: **2015 NF PE RVU:** 3.97
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 437

2007 Work RVU: **2015 Work RVU:** 1.00
2007 NF PE RVU: **2015 NF PE RVU:** 1.54
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 596

2007 Work RVU: **2015 Work RVU:** 0.90
2007 NF PE RVU: **2015 NF PE RVU:** 3.05
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:** 4,573

2007 Work RVU: 1.88 **2015 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2015 NF PE RVU:** 10.52
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 23,991

2007 Work RVU: 1.66 **2015 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2015 NF PE RVU:** 3.44
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 5,409

2007 Work RVU: 1.66 **2015 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2015 NF PE RVU:** 11.82
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 844

2007 Work RVU: 2.65 **2015 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2015 NF PE RVU:** 15.12
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 290,607

2007 Work RVU: 3.52 **2015 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2015 NF PE RVU:** 14.82
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 351,850

2007 Work RVU: 3.79 **2015 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2015 NF PE RVU:** 15.59
2007 Fac PE RVU NA **2015 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) Extended Monitoring **Screen:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 24,145

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2015 NF PE RVU:** 10.63
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour**

Global: XXX **Issue:** Electroencephalogram (EEG) Extended Monitoring **Screen:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 22,282

2007 Work RVU: 1.73 **2015 Work RVU:** 1.73
2007 NF PE RVU: 5.4 **2015 NF PE RVU:** 12.25
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 Est Medicare Utilization:** 278,321

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2015 NF PE RVU:** 8.96
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 249,691

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2015 NF PE RVU:** 10.37
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.08

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

Result: Maintain

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 Est Medicare Utilization:** 24,943

2007 Work RVU: 1.08 **2015 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2015 NF PE RVU:** 9.27
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.08

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

Result: Maintain

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Est Medicare Utilization:** 116,596

2007 Work RVU: 0.28 **2015 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2015 NF PE RVU:** 0.56
2007 Fac PE RVU 0.12 **2015 Fac PE RVU:** 0.12

RUC Recommendation: Review action plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,683

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2015 NF PE RVU:** 2.46
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 33,081

2007 Work RVU: 1.54 **2015 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2015 NF PE RVU:** 3.25
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 483

2007 Work RVU: 1.87 **2015 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2015 NF PE RVU:** 4.04
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,347

2007 Work RVU: 1.99 **2015 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2015 NF PE RVU:** 4.74
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,478

2007 Work RVU: 0.79 **2015 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2015 NF PE RVU:** 1.80
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,831

2007 Work RVU: 1.18 **2015 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2015 NF PE RVU:** 2.48
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 924

2007 Work RVU: 0.37 **2015 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 1.90
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 41,526

2007 Work RVU: 0.37 **2015 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2015 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 134,477

2007 Work RVU: **2015 Work RVU:** 0.35
2007 NF PE RVU: **2015 NF PE RVU:** 1.28
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 910,175

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 1.67
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 11,379

2007 Work RVU: **2015 Work RVU:** 0.71
2007 NF PE RVU: **2015 NF PE RVU:** 1.55
2007 Fac PE RVU **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.42 **2015 Work RVU:**
2007 NF PE RVU: 1.18 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.60 **2015 Work RVU:**
2007 NF PE RVU: 1.15 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: 0.34 **2015 Work RVU:**
2007 NF PE RVU: 1.03 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization: 11,902

2007 Work RVU: **2015 Work RVU:** 1.00

2007 NF PE RVU: **2015 NF PE RVU:** 1.69

2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.00

CPT Action (if applicable): February 2012

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

Result: Decrease

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 Est Medicare Utilization: 74,945

2007 Work RVU: **2015 Work RVU:** 1.25

2007 NF PE RVU: **2015 NF PE RVU:** 2.21

2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.37

CPT Action (if applicable): February 2012

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

Result: Decrease

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 Est Medicare Utilization: 147,363

2007 Work RVU: **2015 Work RVU:** 1.50

2007 NF PE RVU: **2015 NF PE RVU:** 2.60

2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 1.77

CPT Action (if applicable): February 2012

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

Result: Decrease

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 Est Medicare Utilization: 164,335

2007 Work RVU: **2015 Work RVU:** 2.00

2007 NF PE RVU: **2015 NF PE RVU:** 3.44

2007 Fac PE RVU **2015 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 Est Medicare Utilization: 177,203

2007 Work RVU: **2015 Work RVU:** 2.50

2007 NF PE RVU: **2015 NF PE RVU:** 3.97

2007 Fac PE RVU **2015 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 Est Medicare Utilization: 95,059

2007 Work RVU: **2015 Work RVU:** 3.00

2007 NF PE RVU: **2015 NF PE RVU:** 4.20

2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 104,188

2007 Work RVU: **2015 Work RVU:** 3.56
2007 NF PE RVU: **2015 NF PE RVU:** 4.60
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 48,725

2007 Work RVU: 0.90 **2015 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2015 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 6,230

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 1 **2015 NF PE RVU:** 1.83
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 99,196

2007 Work RVU: 0.90 **2015 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2015 NF PE RVU:** 4.46
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 16,280

2007 Work RVU: **2015 Work RVU:** 1.73
2007 NF PE RVU: **2015 NF PE RVU:** 2.52
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 10,569

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2015 NF PE RVU:** 3.84
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 15,148

2007 Work RVU: 0.54 **2015 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 357

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2015 NF PE RVU:** 5.71
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 1,066

2007 Work RVU: 1.50 **2015 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2015 NF PE RVU:** 5.75
2007 Fac PE RVU NA **2015 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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Est Medicare Utilization:** 78,266

2007 Work RVU: 0.35 **2015 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2015 NF PE RVU:** 3.24
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Review action plan **CPT Action (if applicable):** **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 Est Medicare Utilization:**

2007 Work RVU: 0.51 **2015 Work RVU:**
2007 NF PE RVU: 0.55 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:**

2007 Work RVU: 0.55 **2015 Work RVU:**
2007 NF PE RVU: 0.49 **2015 NF PE RVU:**
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 54,054

2007 Work RVU: **2015 Work RVU:** 0.86
2007 NF PE RVU: **2015 NF PE RVU:** 8.70
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 21,358

2007 Work RVU: **2015 Work RVU:** 2.25
2007 NF PE RVU: **2015 NF PE RVU:** 11.73
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 21,259

2007 Work RVU: **2015 Work RVU:** 0.60
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 32,259

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:** 984

2007 Work RVU: 1.51 **2015 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2015 NF PE RVU:** 7.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs

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

Result: PE Only

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 Est Medicare Utilization:** 21,132

2007 Work RVU: 3.30 **2015 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2015 NF PE RVU:** 8.53
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 3.08

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

Result: PE Only

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 Est Medicare Utilization:** 1,479

2007 Work RVU: 2.45 **2015 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2015 NF PE RVU:** 10.33
2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization:** 5,678

2007 Work RVU: 3.08 **2015 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2015 NF PE RVU:** 43.04
2007 Fac PE RVU NA **2015 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) Digital Analysis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 55,595

2007 Work RVU: 1.98 **2015 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
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 / NPRM for 2016 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2014 Est Medicare Utilization:** 29,416

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2015 NF PE RVU:** 1.40
2007 Fac PE RVU 0.14 **2015 Fac PE RVU:** 0.19

RUC Recommendation: Survey for January 2016. 0.45 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 12,821

2007 Work RVU: 0.78 **2015 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0.22 **2015 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 Est Medicare Utilization:** 57,795

2007 Work RVU: 1.50 **2015 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2015 NF PE RVU:** 0.69
2007 Fac PE RVU 0.48 **2015 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 Est Medicare Utilization:** 1,484

2007 Work RVU: 0.92 **2015 Work RVU:** 0.49
2007 NF PE RVU: 0.61 **2015 NF PE RVU:** 0.61
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.21

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

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

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 17,151

2007 Work RVU: 3.00 **2015 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU 1.19 **2015 Fac PE RVU:** 1.37

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

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

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 355

2007 Work RVU: 1.70 **2015 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2015 NF PE RVU:** 1.31
2007 Fac PE RVU 0.67 **2015 Fac PE RVU:** 0.79

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

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 32,193

2007 Work RVU: 3.50 **2015 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2015 NF PE RVU:** 3.20
2007 Fac PE RVU 1.24 **2015 Fac PE RVU:** 1.62

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

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Est Medicare Utilization:** 5,689

2007 Work RVU: 1.64 **2015 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2015 NF PE RVU:** 1.28
2007 Fac PE RVU 0.64 **2015 Fac PE RVU:** 0.76

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2015 **2014 Est Medicare Utilization:** 332

2007 Work RVU: **2015 Work RVU:** 0.80
2007 NF PE RVU: **2015 NF PE RVU:** NA
2007 Fac PE RVU **2015 Fac PE RVU:** 0.35

RUC Recommendation: **CPT Action (if applicable):** **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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2015 **2014 Est Medicare Utilization:** 584

2007 Work RVU: **2015 Work RVU:** 0.30
2007 NF PE RVU: **2015 NF PE RVU:** 0.57
2007 Fac PE RVU **2015 Fac PE RVU:** 0.17

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

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:** NPRM for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** July 2015 **2014 Est Medicare Utilization:** 927

2007 Work RVU: **2015 Work RVU:** 0.65
2007 NF PE RVU: **2015 NF PE RVU:** 0.76
2007 Fac PE RVU **2015 Fac PE RVU:** 0.31

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 5,038

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.51
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 13,907

2007 Work RVU: 0.77 **2015 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2015 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2015 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Est Medicare Utilization:** 234,732

2007 Work RVU: 1.86 **2015 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.56 **2015 Fac PE RVU:** 0.30

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Est Medicare Utilization:** 46,873

2007 Work RVU: 0.50 **2015 Work RVU:** 0.50
2007 NF PE RVU: 0.8 **2015 NF PE RVU:** 1.26
2007 Fac PE RVU 0.15 **2015 Fac PE RVU:** 0.12

RUC Recommendation: **CPT Action (if applicable):** **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:** RAW **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2014 Est Medicare Utilization:** 101,568

2007 Work RVU: 0.51 **2015 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.23
2007 Fac PE RVU 0.15 **2015 Fac PE RVU:** 0.21

RUC Recommendation: **CPT Action (if applicable):** October 2013 & February 2014 **Result:** Maintain

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

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 Est Medicare Utilization:** 310

2007 Work RVU: 0.00 **2015 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2015 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** July 2015 **2014 Est Medicare Utilization:** 132,445

2007 Work RVU: 1.86 **2015 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2015 NF PE RVU:** 0.66
2007 Fac PE RVU 0.59 **2015 Fac PE RVU:** 0.49

RUC Recommendation: **CPT Action (if applicable):** **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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Est Medicare Utilization:** 571,886

2007 Work RVU: 1.86 **2015 Work RVU:** 1.86
2007 NF PE RVU: 1.25 **2015 NF PE RVU:** 0.82
2007 Fac PE RVU 0.56 **2015 Fac PE RVU:** 0.29

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

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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Est Medicare Utilization:** 147,370

2007 Work RVU: 0.55 **2015 Work RVU:** 0.55
2007 NF PE RVU: 1.15 **2015 NF PE RVU:** 1.71
2007 Fac PE RVU 0.17 **2015 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

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2014 Est Medicare Utilization:** 24,811

2007 Work RVU: 0.51 **2015 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.15 **2015 Fac PE RVU:** 0.19

RUC Recommendation: 0 **CPT Action (if applicable):** October 2013 & February 2014 **Result:** Maintain

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

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 Est Medicare Utilization:** 1,261,786

2007 Work RVU: **2015 Work RVU:** 0.21
2007 NF PE RVU: **2015 NF PE RVU:** 1.71
2007 Fac PE RVU **2015 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:** **2014 Est Medicare Utilization:** 603,801

2007 Work RVU: **2015 Work RVU:** 0.18
2007 NF PE RVU: **2015 NF PE RVU:** 0.34
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:** 1,803,529

2007 Work RVU: **2015 Work RVU:** 0.19
2007 NF PE RVU: **2015 NF PE RVU:** 0.65
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** **Result:** Maintain

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

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:** **2014 Est Medicare Utilization:** 153,332

2007 Work RVU: **2015 Work RVU:** 0.17
2007 NF PE RVU: **2015 NF PE RVU:** 0.40
2007 Fac PE RVU **2015 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:** **Screen:** Different Performing Specialty from Survey2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Est Medicare Utilization:** 8,991,074

2007 Work RVU: **2015 Work RVU:** 0.17
2007 NF PE RVU: **2015 NF PE RVU:** 0.53
2007 Fac PE RVU **2015 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

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 Est Medicare Utilization:** 2,188

2007 Work RVU: 0.52 **2015 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2015 NF PE RVU:** 1.76
2007 Fac PE RVU 0.24 **2015 Fac PE RVU:** 0.30

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

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 Est Medicare Utilization:** 190

2007 Work RVU: 0.80 **2015 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2015 NF PE RVU:** 2.50
2007 Fac PE RVU 0.29 **2015 Fac PE RVU:** 0.47

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

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 Est Medicare Utilization:** 1,890,632

2007 Work RVU: 0.28 **2015 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2015 NF PE RVU:** 3.45
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,027,964

2007 Work RVU: 0.19 **2015 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2015 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs

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

Result: Maintain

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 Est Medicare Utilization:** 115,644

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2015 NF PE RVU:** 3.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

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

Result: PE Only

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 Est Medicare Utilization:** 493,642

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2015 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization: 51

2007 Work RVU: 2.37 **2015 Work RVU:** 2.37

2007 NF PE RVU: 7.48 **2015 NF PE RVU:** 21.29

2007 Fac PE RVU 1.17 **2015 Fac PE RVU:** 1.08

RUC Recommendation: New PE inputs

CPT Action (if applicable):

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

Result: PE Only

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 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2014 Est Medicare Utilization: 126,746

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00

2007 NF PE RVU: 2.4 **2015 NF PE RVU:** 3.78

2007 Fac PE RVU NA **2015 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

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 Est Medicare Utilization: 89,023

2007 Work RVU: 1.15 **2015 Work RVU:** 1.15

2007 NF PE RVU: 2.8 **2015 NF PE RVU:** 3.18

2007 Fac PE RVU 0.57 **2015 Fac PE RVU:** 0.70

RUC Recommendation: Refer to CPT Assistant. 1.15.

CPT Action (if applicable):

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012 (May 201

Result: Maintain

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 Est Medicare Utilization:** 26,473

2007 Work RVU: 1.17 **2015 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2015 NF PE RVU:** 3.48
2007 Fac PE RVU 0.57 **2015 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 Est Medicare Utilization:** 16,469

2007 Work RVU: 2.10 **2015 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2015 NF PE RVU:** 4.49
2007 Fac PE RVU 0.73 **2015 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 Est Medicare Utilization:** 2,307,637

2007 Work RVU: 1.20 **2015 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2015 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 482,631

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.43 **2015 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 172,826

2007 Work RVU: 1.20 **2015 Work RVU:** 1.20
2007 NF PE RVU: 0.86 **2015 NF PE RVU:** 1.14
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 29,864

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.64 **2015 NF PE RVU:** 0.86
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 440,550

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2015 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **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 Est Medicare Utilization:** 120,706

2007 Work RVU: 0.06 **2015 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.24
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

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 Est Medicare Utilization:** 2,895,545

2007 Work RVU: 0.21 **2015 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2015 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2015 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

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 Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2014 Est Medicare Utilization:** 44,956,747

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2015 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:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Est Medicare Utilization:** 8,387,406

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2015 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **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 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 Est Medicare Utilization:** 1,695,244

2007 Work RVU: 0.40 **2015 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2015 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Est Medicare Utilization:** 20,942,721

2007 Work RVU: 0.43 **2015 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 858,723

2007 Work RVU: 0.27 **2015 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2015 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.18 **CPT Action (if applicable):** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.20 **CPT Action (if applicable):** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** February 2015 **Result:** Increase

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

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 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:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Est Medicare Utilization:** 8,241,766

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2015 NF PE RVU:** 0.53
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2015 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: April 2013 **2014 Est Medicare Utilization:** 271,902

2007 Work RVU: 0.44 **2015 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2015 NF PE RVU:** 0.30
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Submit action plan.

CPT Action (if applicable): October 2015 **Result:**

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

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 Est Medicare Utilization:** 979,604

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2015 NF PE RVU:** 0.52
2007 Fac PE RVU NA **2015 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 Est Medicare Utilization:** 30,158

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): October 2015 **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 Est Medicare Utilization:** 1,070,752

2007 Work RVU: 0.58 **2015 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2015 NF PE RVU:** 1.60
2007 Fac PE RVU 0.53 **2015 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:**

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 Est Medicare Utilization:** 108,888

2007 Work RVU: 0.80 **2015 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2015 NF PE RVU:** 0.44
2007 Fac PE RVU 0.64 **2015 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 Est Medicare Utilization:** 45,191

2007 Work RVU: 0.55 **2015 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2015 NF PE RVU:** 0.59
2007 Fac PE RVU 0.2 **2015 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 13,008

2007 Work RVU: 0.60 **2015 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2015 NF PE RVU:** 0.75
2007 Fac PE RVU 0.21 **2015 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,986

2007 Work RVU: 0.62 **2015 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 212,068

2007 Work RVU: 0.45 **2015 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2015 NF PE RVU:** 0.43
2007 Fac PE RVU 0.38 **2015 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 Est Medicare Utilization:** 174,167

2007 Work RVU: 0.37 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2015 Fac PE RVU:** 0.31

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 78,531

2007 Work RVU: 0.45 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2015 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **2015 Fac PE RVU:** 0.19

RUC Recommendation: 0.50

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

Result: Increase

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 Est Medicare Utilization:** 106,550

2007 Work RVU: 0.65 **2015 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2015 NF PE RVU:** 0.54
2007 Fac PE RVU 0.23 **2015 Fac PE RVU:** 0.27

RUC Recommendation: 0.75

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

Result: Increase

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 Est Medicare Utilization:** 93,474

2007 Work RVU: 0.87 **2015 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2015 NF PE RVU:** 0.67
2007 Fac PE RVU 0.28 **2015 Fac PE RVU:** 0.34

RUC Recommendation: 1.00

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

Result: Increase

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 Est Medicare Utilization:** 90,336

2007 Work RVU: 1.03 **2015 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU 0.32 **2015 Fac PE RVU:** 0.43

RUC Recommendation: 1.25

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 62,711

2007 Work RVU: 1.19 **2015 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2015 NF PE RVU:** 0.93
2007 Fac PE RVU 0.35 **2015 Fac PE RVU:** 0.51

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 Est Medicare Utilization:** 6,380,491

2007 Work RVU: 0.45 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2015 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2015 Fac PE RVU:** 0.16

RUC Recommendation: 0.46

CPT Action (if applicable):

Result: Increase

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

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 Est Medicare Utilization:** 13,046,446

2007 Work RVU: 0.65 **2015 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2015 NF PE RVU:** 0.42
2007 Fac PE RVU 0.17 **2015 Fac PE RVU:** 0.25

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 Est Medicare Utilization:** 1,308,396

2007 Work RVU: 0.87 **2015 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2015 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2015 Fac PE RVU:** 0.33

RUC Recommendation: 0.96

CPT Action (if applicable):

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: 0.40 **2015 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2015 Fac PE RVU:** 0.18

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

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

99143 **Deleted from CPT**

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 Est Medicare Utilization:** 21

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 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

99144 **Deleted from CPT**

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 Est Medicare Utilization:** 531,805

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

99148 **Deleted from CPT**

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 Est Medicare Utilization:** 4

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99149 **Deleted from CPT**

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 Est Medicare Utilization:** 5,545

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

99150 **Deleted from CPT**

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 Est Medicare Utilization:** 2,015

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0 **2015 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2015 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 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: **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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: PE Only **CPT Action (if applicable):** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Est Medicare Utilization:** 594,864

2007 Work RVU: 2.34 **2015 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2015 NF PE RVU:** 0.78
2007 Fac PE RVU 0.69 **2015 Fac PE RVU:** 0.78

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.50

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 0.25

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.90

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

Result: Maintain

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: 1.84

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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 Est Medicare Utilization:**

2007 Work RVU: **2015 Work RVU:** 0.00
2007 NF PE RVU: **2015 NF PE RVU:** 0.00
2007 Fac PE RVU **2015 Fac PE RVU:** 0.00

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

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 Est Medicare Utilization:** 1,042,226

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2015 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 1,814

2007 Work RVU: 0.96 **2015 Work RVU:** 0.96
2007 NF PE RVU: 2.33 **2015 NF PE RVU:** 2.80
2007 Fac PE RVU 0.53 **2015 Fac PE RVU:** 0.72

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 Est Medicare Utilization:** 230,281

2007 Work RVU: 3.69 **2015 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 1.94

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease

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

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 Est Medicare Utilization:** 248,340

2007 Work RVU: 3.69 **2015 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2015 NF PE RVU:** 6.81
2007 Fac PE RVU 1.57 **2015 Fac PE RVU:** 1.94

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

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 Est Medicare Utilization:** 822,069

2007 Work RVU: 0.17 **2015 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2015 NF PE RVU:** 0.47
2007 Fac PE RVU 0.07 **2015 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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,084,654

2007 Work RVU: 0.45 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2015 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2014 Est Medicare Utilization:** 1,282,596

2007 Work RVU: 0.67 **2015 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2015 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

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

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2014 Est Medicare Utilization:** 383,154

2007 Work RVU: 1.73 **2015 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2015 NF PE RVU:** 1.19
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 5,546,178

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2015 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Oct 2015 **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 631,786

2007 Work RVU: 0.87 **2015 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2015 NF PE RVU:** 3.66
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Oct 2015 **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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?** No

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Est Medicare Utilization:** 792,368

2007 Work RVU: 0.70 **2015 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2015 NF PE RVU:** 2.87
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Oct 2015 **CPT Action (if applicable):** October 2015 **Result:**

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 Est Medicare Utilization:** 108,106

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2015 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2015 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:**

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 Est Medicare Utilization:** 173,992

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2015 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2015 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

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 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Est Medicare Utilization:** 1,245,882

2007 Work RVU: 0.00 **2015 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2015 NF PE RVU:** 3.12
2007 Fac PE RVU NA **2015 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:**

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Est Medicare Utilization:** 251,139

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2015 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Review action plan. Remove from screen **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 Est Medicare Utilization:** 144,209

2007 Work RVU: 0.61 **2015 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2015 NF PE RVU:** 0.81
2007 Fac PE RVU 0.23 **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 29,024

2007 Work RVU: 0.37 **2015 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2015 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2015 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:**

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 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Est Medicare Utilization:** 6,756,037

2007 Work RVU: 0.18 **2015 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2015 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **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 Est Medicare Utilization:** 82,955

2007 Work RVU: 0.58 **2015 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2015 NF PE RVU:** 2.64
2007 Fac PE RVU NA **2015 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Est Medicare Utilization:** 60,280

2007 Work RVU: **2015 Work RVU:** 3.09
2007 NF PE RVU: **2015 NF PE RVU:** 14.92
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Increase

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

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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Est Medicare Utilization:** 1,159,942

2007 Work RVU: **2015 Work RVU:** 2.43
2007 NF PE RVU: **2015 NF PE RVU:** 2.26
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **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: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Est Medicare Utilization:** 3,515,047

2007 Work RVU: **2015 Work RVU:** 1.50
2007 NF PE RVU: **2015 NF PE RVU:** 1.68
2007 Fac PE RVU **2015 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **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: YYY **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 Est Medicare Utilization:** 808

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013 **Result:** Remove from Screen

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

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: YYY **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 Est Medicare Utilization:** 68

2007 Work RVU: **2015 Work RVU:**
2007 NF PE RVU: **2015 NF PE RVU:**
2007 Fac PE RVU **2015 Fac PE RVU:**

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
20245	**Biopsy, bone, open; deep (eg, humerus, ischium, femur)**	010-Day Global Post-Operative Visits	April 2015	AAOS	October 2015	

Background: In April 2015, in preparation for the survey, the specialty societies reviewed Medicare utilization data and became aware that CPT code 20245 is being reported used for some anatomic areas which are likely not appropriate for a deep bone biopsy service. Therefore, the specialties will be submitting a Code Change Proposal (CCP) for the CPT 2017 cycle to better clarify the meaning of deep bone biopsy. The RUC recommends CPT code 20245 be referred to the CPT Editorial Panel.

		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	October 2015	

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		CPT 2018	

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
27193	**Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**	CMS Request Final Rule for 2014	January 2016	AAOS	October 2015	

Background: Refer to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service. In March 2015, AAOS reviewed data for Code 27193 and determined that the utilization for this work is bimodal; high impact fractures that require careful monitoring to determine if / when surgery is appropriate and low impact slightly displaced fractures that will not require surgery. To address correct coding concerns, the AAOS will submit a Code Change Proposal (CCP) by July 8, 2015 to the AMA CPT Editorial Panel for the for the October 2015 CPT meeting. AAOS plans to revise the descriptor for 27193 to reflect the high impact fractures and add a separate code or parenthetical regarding the correct reporting of low impact fractures.

		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	April 2015		CPT 2018	

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	April 2015		CPT 2018	

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	April 2015		CPT 2018	

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	April 2015		CPT 2018	

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		CPT 2018	

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		CPT 2018	

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
31582	**Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**	090-Day Global Post-Operative Visits	January 2015	AAO-HNS	October 2015	

Background: 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, The American Academy of Otolaryngology – Head and Neck Surgery (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. Third, the specialty asked CPT to consider deletion of CPT code 31588 since the new codes will capture this service, code 31588 may no longer be necessary. AAO-HNS intends to submit a new coding proposal for the October 2015 CPT meeting. The specialty society requested and the RUC recommends that the laryngoplasty family of services be referred to CPT for revision.

		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	CPT 2018 cycle	

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	CPT 2018 cycle	

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	CPT 2018 cycle	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35471	**Transluminal balloon angioplasty, percutaneous; renal or visceral artery**	CMS Fastest Growing / Codes Reported Together 75% or More-Part3	January 2016	ACR, SIR, SVS	October 2015	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35475	**Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**	CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3	April 2012	ACR, SIR, SVS	October 2015	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
35476	**Transluminal balloon angioplasty, percutaneous; venous**	CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	April 2012	ACR, SIR, SVS	October 2015	

Background: In January 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 75962,35475
75966,35471
75968,35471
75978,35476

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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)**	Codes Reported Together 75% or More-Part2	October 2015	ACR, SIR	February 2015	16

Background: The committee noted that while the CPT introductory language is clear that CPT code 47544 should not be used for removal of incidental sludge and/or debris, the CPT descriptor explicitly includes removal of calculi/debris. A CPT representative in attendance noted that this could pose a problem and may need to be addressed by the CPT Editorial Panel in order to make an editorial change to remove the confusing language for this code (47544).

		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			CPT 2018	

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	CPT 2018	

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	CPT 2018	

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	October 2015	

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	October 2015	

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
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)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015	October 2015	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	October 2015	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77002	**Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015 / High Volume Growth3	October 2015	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	October 2015	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77003	**Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**	MPC List / CMS Request Final Rule for 2013 / Final Rule for 2015	October 2015	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	October 2015	

Background: In the NPRM for 2015, CMS developed interim final values for 2014 for these services which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS states that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS proposes to include CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included. September 2014 the RUC referred to CPT 2017 cycle to ensure that the codes accurately describe the services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
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**	High Volume Growth2	September 2014	AACE, TES	October 2015	

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed “real time” monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed “retrospective” monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95251	**Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**	High Volume Growth2	September 2014	AACE, TES	October 2015	

Background: In May 2014, the CPT Editorial Panel created two Category I codes to report continuous glucose monitoring via patient managed “real time” monitoring device and revised two Category I codes to report continuous glucose monitoring via provider managed “retrospective” monitoring device. At the September 2014 RUC meeting, the specialty requested withdrawal of CPT codes 9525X1 and 9525X2 in order to take these codes back to CPT to restructure and better define the timeframe described. The specialty society has communicated with the CPT Editorial Panel requesting to rescind codes 9525X1 and 952X2 at the October 2014 CPT meeting to allow the specialties to submit a new coding change proposal. The RUC recommends referral to the CPT Editorial Panel.

		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	October 2015	

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	January 2012		October 2015	

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	January 2012		October 2015	

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	January 2012		October 2015	

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	October 2015		October 2015	

Background:

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97542	**Wheelchair management (eg, assessment, fitting, training), each 15 minutes**	High Volume Growth2	October 2013		October 2015	

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	October 2015	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	October 2015	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	October 2015	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	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
G0438	**Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**	CMS-Other - Utilization over 250,000	October 2015			

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
G0439	**Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**	CMS-Other - Utilization over 250,000	October 2015			

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
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**	CMS Request Final Rule for 2013	January 2014		May 2013	28

Background: In January 2013, the RAW noted that industry individuals developed a CCP to describe the NPWT disposable device, however subsequently withdrew the proposal. The Workgroup recommends that codes G0456 and G0457 be placed on the LOI to allow the any specialties that may have an interest a chance to survey and develop new PE inputs. In April 2013, industry individuals have again submitted a CCP to create two category I codes to describe these services with the use of a disposable device. Depending on Panel Action, at the May CPT meeting, this issue may be on the LOI for the October 2013 RUC meeting.

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	May 2011

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	May 2011

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	May 2011

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.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		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		

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:
29583	**Application of multi-layer compression system; upper arm and forearm**	New Technology/New Services	October 2015	Develop CPT Assistant Article		

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		

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:
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	

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	

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	

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:
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	

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	

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	

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:
644XX1	**Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		

Background: In April 2015 at the RUC meeting, CMS questioned if 644XX2 would be reported if 644XX1 did not achieve the appropriate anesthesia necessary for the patient. The specialty societies indicated that if 644XX1 is not performed appropriately you would not report 644XX2, because 644XX1 is still for the first level whether or not the initial injection was successful or not. The specialty societies indicated that the physician may need to perform blocks at more than one level to expand the effect of the anesthetic block and achieve the adequate coverage for the planned surgical site. The additional injection site is synonymous with additional level. The RUC recommended that a CPT Assistant article be developed to define injection site/level for CPT codes 644XX1 and 644XX2.

When the RUC reviewed 644XX3 the specialty societies noted the anesthesiologist will report a separate E/M is for removal of the continuous infusion catheter. The RUC noted that the CPT Assistant article should also clarify that a separate E/M will be reported for the removal of the continuous infusion catheter for 644XX3.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
644XX2	**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)**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		

Background: In April 2015 at the RUC meeting, CMS questioned if 644XX2 would be reported if 644XX1 did not achieve the appropriate anesthesia necessary for the patient. The specialty societies indicated that if 644XX1 is not performed appropriately you would not report 644XX2, because 644XX1 is still for the first level whether or not the initial injection was successful or not. The specialty societies indicated that the physician may need to perform blocks at more than one level to expand the effect of the anesthetic block and achieve the adequate coverage for the planned surgical site. The additional injection site is synonymous with additional level. The RUC recommended that a CPT Assistant article be developed to define injection site/level for CPT codes 644XX1 and 644XX2.

When the RUC reviewed 644XX3 the specialty societies noted the anesthesiologist will report a separate E/M is for removal of the continuous infusion catheter. The RUC noted that the CPT Assistant article should also clarify that a separate E/M will be reported for the removal of the continuous infusion catheter for 644XX3.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
644XX3	**Paravertebral block (PVB) (paraspinous block), thoracic continuous infusion by catheter (includes imaging guidance, when performed)**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		

Background: In April 2015 at the RUC meeting, CMS questioned if 644XX2 would be reported if 644XX1 did not achieve the appropriate anesthesia necessary for the patient. The specialty societies indicated that if 644XX1 is not performed appropriately you would not report 644XX2, because 644XX1 is still for the first level whether or not the initial injection was successful or not. The specialty societies indicated that the physician may need to perform blocks at more than one level to expand the effect of the anesthetic block and achieve the adequate coverage for the planned surgical site. The additional injection site is synonymous with additional level. The RUC recommended that a CPT Assistant article be developed to define injection site/level for CPT codes 644XX1 and 644XX2.

When the RUC reviewed 644XX3 the specialty societies noted the anesthesiologist will report a separate E/M is for removal of the continuous infusion catheter. The RUC noted that the CPT Assistant article should also clarify that a separate E/M will be reported for the removal of the continuous infusion catheter for 644XX3.

		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	

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.

767X1	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
	Final Rule for 2015	October 2015	0.55 and refer to CPT Assistant	ACR, SIR, SVS	

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.

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
	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.

76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**	Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
	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.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
782X01	**Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit, up to 24 hours**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		

Background: The RUC refers CPT codes 782X01 and 782X02 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 782X01 and that 2 isotopes should have been used in order to report 782X01 (which is not always the case for 78264).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
782X02	**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		

Background: The RUC refers CPT codes 782X01 and 782X02 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 782X01 and that 2 isotopes should have been used in order to report 782X01 (which is not always the case for 78264).

		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.

		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	

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	Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic)	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	Code Deleted	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	Code Deleted	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	☑
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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)	☐
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)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
3160X1		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
3160X2		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
3160X3		Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐

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
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	☑
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐
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		☐
3347X1		Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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.	☑
432XX		Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	September 2019		☐
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.	☑
5039X1		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
5039X1		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X2		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X3		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X4		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5039X5		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
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	☑
5069X7		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5069X8		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
5069X9		Jan 2015	Genitourinary Catheter Procedures	09	CPT 2016	September 2019		☐
506XX		April 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
507XX		April 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
507XX		April 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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
6164X1		Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐
6164X2		Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
6164X3		Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐
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	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
657XX		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.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Code Deleted	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	Code Deleted	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
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	Code Deleted	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	Code Deleted	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
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.	☑
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.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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).	☑
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).	☑
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 2016		☐
782X01		Apr 2015	Colon Transit Imaging	18	CPT 2016	September 2019		☐
782X02		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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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 (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E 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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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 (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in 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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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 variants (eg, -1639/3673)	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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

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	(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							

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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) ABL (c-abl oncogene 1, 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) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed 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]) 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) DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles 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), common variants (eg, 1138G>A, 1138G>C) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed GALT (galactose-1-phosphate uridylyltransferase) (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
	galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) 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 RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (Septin 9) (eg, colon cancer), methylation analysis TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816Y, D816F) 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-	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
	Willi/Angelman syndrome), short tandem repeat (STR) analysis							

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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) ABL1 (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain 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 CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence 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	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
	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 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 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) 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 KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma), gene analysis, variant(s) in exon 3 (eg, codon 61) 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, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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)							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) 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 BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), 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 CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), 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 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) FKRP (Fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene	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
	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 HBA1/HBA2 (alpha globin 1 and alpha 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 KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence KIT (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18) 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 NRAS (neuroblastoma RAS viral oncogene homolog) (eg, colorectal carcinoma), exon 1 and exon 2 sequences PDGFRA (platelet-derived growth factor receptor alpha polypeptide) (eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18) PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]),							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence PRNP (prion protein) (eg, genetic prion disease), 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), common variants (eg, M918T, 2647_2648delinsTT, A883F) SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTR (transthyretin) (eg, familial transthyretin amyloidosis), 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)							

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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) 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 ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic 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 CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence 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 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 GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2)	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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	(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 KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence 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 NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), 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) 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							

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	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 SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence 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 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 VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25)							

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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) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence 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) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), 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 PAH (phenylalanine hydroxylase) (eg, phenylketonuria), 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 RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52)	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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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	Array-based evaluation of multiple molecular probes; 11 through 50 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	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	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted	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.	☑
9300X1		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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☐
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.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 2016	September 2019		☐
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 2016	September 2019		☐
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 2016	September 2019		☐
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 2016	September 2019		☐
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 2016	September 2019		☐
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 2016	September 2019		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	September 2016		☐

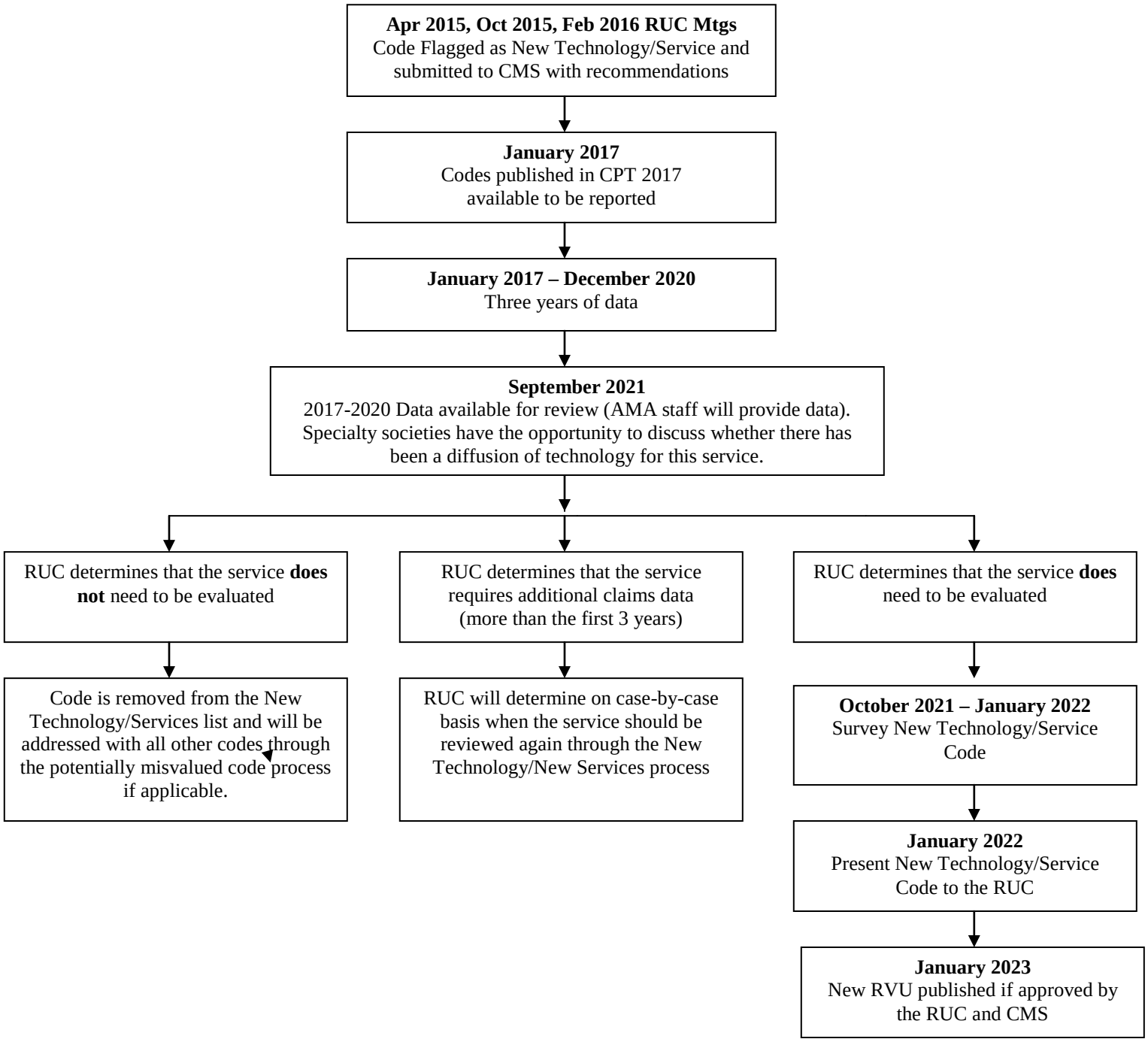
CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions 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		☐
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		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
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



Revised May 2015

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
Codes Reported Together 75% or More

October 2015

Percutaneous Biliary Procedures Bundling

The Joint CPT-RUC Workgroup on codes reported together frequently identified codes that are being reported together greater than 75 percent of the time and as a result the CPT Editorial Panel deleted codes 47500, 47505, 47510, 47511, 47525, 47530, 74305, 74320, 74327, 79580 and 75982 and created 14 new bundled codes 47531-47544. At the April 2015 RUC meeting, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted the median intra-service times for 47532, 47533 and 47534 all have identical intra-service time of 60 minutes, which made it difficult to properly interpret the survey data. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, CPT code 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this physician time anomaly, the RUC agreed to provide interim recommendations at the April 2015 meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

Compelling Evidence

The specialty societies presented compelling evidence that the physician work involved in these procedures has changed.

Technique, Knowledge and Technology

The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in the knowledge base, including: 1) understanding of how to use imaging guidance such as ultrasound and preoperative planning mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks; 2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications and 3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time.

Patient Population

There are three changes to the patient population which have occurred since the last valuation of the current procedures, including: 1) previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion including hilar and segmental obstruction; 2) the widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain,

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stent and dilate these complex situations and 3) hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from non-dilated ducts.

Given these changes, the RUC accepted that there is compelling evidence that the physician work has change for this family of services.

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 27 minutes, intra-service time of 15 minutes and immediate post-service time of 12 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and determined that due to the lower total time in survey data compared with the existing codes total time in the RUC database, the values are overestimated at the 25th percentile work RVU of 1.50. To determine an appropriate work value, the RUC compared 47531 to CPT code 46611 *Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique* (work RVU= 1.30, intra time= 15 minutes) and noted that both services have identical intra-service time and offered a reasonable physician work comparison to the surveyed code. Therefore, the RUC agreed that a direct work value crosswalk to 46611 is appropriate. To validate a work RVU of 1.30, the committee also reviewed code 36580 *Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access* (work RVU= 1.31, intra time= 15 minutes) and noted the identical intra-service times and comparable physician work between the two services. **The RUC recommends a work RVU of 1.30 for CPT code 47531.**

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)
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 38 minutes, intra-service time of 45 minutes and immediate post-service time of 15 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agree that the survey 25th percentile work value of 4.50 is appropriate for this procedure. To justify a work value of 4.50, the RUC compared the surveyed code to the top key reference code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and agreed that since both services have identical intra-service time and comparable

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physician work, the work value of both codes should be the same. The RUC also reviewed reference code 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and noted that with identical intra-service time, the two services should be valued identically. **The RUC recommends a work RVU of 4.50 for CPT code 47532.**

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 41 minutes, intra-service time of 60 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 5.63 is appropriate. To justify a work RVU of 5.63, the RUC compared the surveyed code to reference codes 32601 *Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without* biopsy (work RVU= 5.50, intra time= 60 minutes) and code 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* (work RVU= 5.68, intra time= 60 minutes) and agreed that with identical intra-service times, these reference codes offer appropriate brackets around the recommended work value for 47533. **The RUC recommends a work RVU of 5.63 for CPT code 47533.**

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 41 minutes, intra-service time of 68 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the 25th percentile work RVU of 7.85 is appropriate for this procedure. To justify a work RVU of 7.85 for CPT code 47534, the RUC compared the surveyed code to the second highest 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 agreed that since the reference code has slightly greater total time than 47534, 138 minutes and 129 minutes, respectively, it is appropriately valued higher. 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

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minutes) and noted similar intra-service times and comparable physician work to 47534. **The RUC recommends a work RVU of 7.85 for CPT code 47534.**

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 33 minutes, intra-service time of 45 minutes and immediate post-service time of 15 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 4.20 is appropriate. To justify a work RVU of 4.20, the RUC compared the surveyed code to the top key reference code 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 agreed that with 15 additional minutes of intra-service time, the reference code is appropriately valued higher. The RUC also reviewed codes 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* (work RVU= 4.00, intra time= 45 minutes) and 49407 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal* (work RVU= 4.50, intra time= 45 minutes) and agreed that both these comparable services offer appropriate brackets above and below the recommended value for the surveyed code. **The RUC recommends a work RVU of 4.20 for CPT code 47535.**

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 28 minutes, intra-service time of 20 minutes and immediate post-service time of 13 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 2.86 is appropriate. To justify a work RVU of 2.86, the RUC compared the surveyed code to the top key reference service 49452 *Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report* (work RVU= 2.86, intra time= 20 minutes) and agreed that both services have identical intra-service time and should be valued identically. The RUC also reviewed the MPC code 31622 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when*

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performed (separate procedure) (work RVU= 2.78, intra time= 30 minutes) and noted that while the reference code has more intra-service time than 47536, both services have nearly identical total time. Therefore, the surveyed code is appropriately valued slightly higher than this MPC code. **The RUC recommends a work RVU of 2.86 for CPT code 47536.**

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

The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 27 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 1.84 is appropriate. To justify a work RVU of 1.84, the RUC compared the surveyed code to the top key reference service 49083 *Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance* (work RVU= 2.00, intra time= 25 minutes) and noted that since this reference code has more intra-service time than 47537, it is appropriately valued higher. The RUC reviewed reference code 45309 *Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique* (work RVU= 1.50, intra time= 15 minutes) and MPC code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU= 1.90, intra time= 15 minutes) and noted that both these services, with identical intra-service time, offer appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 1.84 for CPT code 47537.**

47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access

The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 38 minutes, intra-service time of 53 minutes and immediate post-service time of 15 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 5.00 is appropriate. To justify a work RVU of 5.00, the RUC compared the surveyed code to CPT codes 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)* (work RVU= 4.83, intra time= 50 minutes) and 50384 *Removal (via snare/capture) of internally dwelling ureteral stent via*

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percutaneous approach, including radiological supervision and interpretation (work RVU= 5.00, intra time= 55 minutes) and agreed that since both these services have similar intra-service time and comparable physician work, the recommended value appropriately aligns with these services. **The RUC recommends a work RVU of 5.00 for CPT code 47538.**

47539 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter
The RUC reviewed the survey results from 41 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 41 minutes, intra-service time of 75 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 9.00 is appropriate. To justify a work RVU of 9.00, the RUC compared the surveyed code to the top key reference service 37226 *Revascularization, endovascular, open or percutaneous, 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 noted that since the reference code has more intra-service time, it is appropriately valued higher. The RUC also reviewed code 37224 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty* (work RVU= 9.00, intra time= 80 minutes) and agreed that this comparable service, with similar time components, should be valued identically to the surveyed code. **The RUC recommends a work RVU of 9.00 for CPT code 47539.**

47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal 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)
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 41 minutes, intra-service time of 85 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 9.28 is appropriate. To justify a work RVU of 9.28, the RUC compared the surveyed code to the second highest key reference service 37228 *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty* (work RVU= 11.00, intra time= 90 minutes) and agreed that since this code has more total time than 47540, 168 minutes compared to 146 minutes, it is appropriately valued higher than the recommended value. The RUC also reviewed codes 52355 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic* tumor (work RVU= 9.00, intra time= 90 minutes) and 37221 *Revascularization,*

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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 with similar time components and comparable physician work, these two codes provide appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 9.28 for CPT code.**

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
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that the following physician times accurately account for the work of this procedure: pre-service time of 41 minutes, intra-service time of 60 minutes and immediate post-service time of 20 minutes. The RUC agreed to add two additional positioning minutes to account for positioning the patient on the angiographic table, as well as optimize patient protective lead apron placement to avoid obscuring the operative field.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work value of 7.00 is appropriate. To justify a work RVU of 7.00, 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 these procedures have identical intra-service time, they should be valued similarly. The RUC also reviewed CPT codes 32608 *Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral* (work RVU= 6.84, 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 these codes, with similar time components, offer appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 7.00 for CPT code 47541.**

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)
The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that an intra-service time of 30 minutes for this add-on procedure is appropriate. To determine an appropriate work value for 47542, the RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 2.85 is appropriate. To justify this work value, the RUC compared the surveyed code to the top reference service 37222 *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty* (work RVU= 3.73, intra time= 40 minutes) and agreed that with 10 additional minutes above 47542, the reference code is appropriately valued higher. The RUC also reviewed CPT codes 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 32507 *Thoracotomy; with diagnostic wedge resection followed by anatomic lung* resection (work RVU= 3.00, intra time= 30 minutes) and agreed that these services, with

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identical time, represent appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 2.85 for CPT code 47542.**

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)

The RUC reviewed the survey results from 42 interventional radiologists and agreed with the specialty societies that an intra-service time of 30 minutes for this add-on procedure is appropriate. To determine an appropriate work value for 47543, the RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the survey 25th percentile work RVU of 3.00 is appropriate. To justify this work value, the RUC compared the surveyed code to the top key reference code 37185 *Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family* (work RVU= 3.28, intra time= 40 minutes) agreed that the reference code, with 10 additional minutes of intra-service time, should be valued higher than 47543. The RUC also reviewed codes 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 32668 *Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection* (work RVU= 3.00, intra time= 30 minutes) and agreed that these services, with identical time, represent appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 3.00 for CPT code 47543.**

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)

The RUC reviewed the survey results from 32 interventional radiologists and agreed with the specialty societies that an intra-service time of 45 minutes for this add-on procedure is appropriate. To determine an appropriate work value, the RUC reviewed the survey respondents' reported physician work values and determined that they appeared overestimated at the 25th percentile (work RVUs= 3.95). Given this, the RUC considered two CPT codes 37185 *Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family* (work RVU= 3.28, intra time= 40 minutes) and 92973 *Percutaneous transluminal coronary thrombectomy mechanical* (work RVU= 3.28, intra time= 40 minutes) and agreed that both these services have analogous work to the surveyed code and should be valued identically. Therefore, the RUC recommends a direct work value crosswalk from these two reference codes to 47544. **The RUC recommends a work RVU of 3.28 for CPT code 47544.**

Practice Expense

The RUC reviewed and approved the direct practice expense inputs with the following revisions as approved by the PE Subcommittee:

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- The PE Subcommittee had extensive discussion regarding the pre-service time for these services, reminding the specialty that zero minutes of clinical staff time is standard for 000 and 010 day globals. The PE Subcommittee determined that the standard for extensive use of clinical staff time in the facility setting, of 30 minutes is not appropriate. However, the services do require more pre-service time than the standard for minimal use of clinical staff time in the facility setting of 15 minutes. The PE Subcommittee determined that 19 minutes of pre-service time in the facility setting is appropriate for the services in the family that are done in the facility outpatient setting, similar to recently reviewed gastroenterology procedures, for example esophagoscopy services (CPT codes 43211, 43213, 43214, 43212, 43229). There was additional discussion about clinical staff coming from the physician's office to the facility to consent the patient. The PE Subcommittee agreed that the time would be duplicative of the duties of the clinical staff in the facility. The specialty proposed and the PE Subcommittee agreed that services performed in the inpatient facility setting should have 14 minutes of pre-service time because the 5 minutes to provide pre-service education/obtain consent should be removed.
- Many of the interventional radiology services include three staff to assist the physicians in performing the procedure during the intra-service portion of the service period. Generally an RN assists with the moderate sedation, another staff assists the physician in performing the procedure and a third staff (two staff types, but equal to one staff) acquires the images and circulates (RT acquire images 75% of intra-service time and RN/LPN/MTA circulates 25% of intra-service time). For CPT codes 47531 and 47537 moderate sedation is not administered, however the specialty society recommended and the PE subcommittee agreed that three staff remain actively engaged in the procedure and necessary to assist the physician in performing the procedure; acquire images and circulate; as well as monitor the patient. Additionally, the PE Subcommittee recommends 4 hours of monitoring time (15 minutes of RN clinical staff time related to moderate sedation and 45 minutes not related to moderate sedation) for codes that include moderate sedation, and 1 hour (15 minutes of RN/LPN/MTA clinical staff time not related to moderate sedation) for 47531 and 47537 which do not include moderate sedation. The moderate sedation monitoring equipment is used for all the monitoring time, both following moderate sedation and following the procedure.
- The PE Subcommittee recommends 6 minutes of clinical staff time to clean room/equipment rather than the standard 3 minutes due to the bodily fluids involved and the large amount of equipment.
- The specialty societies clarified that there are no balloon dilation catheters specifically for the biliary tree. The supply item, catheter, balloon, PTA (SD152) used in some of these services is not only an angioplasty balloon; it is appropriately used in these services as a dilation device. The supply item, tray, shave prep (SA067) is used to prepare the area and is needed for all the services except for 47531 and 47537.
- The supply item, pack, cleaning and disinfecting, endoscope (SA042) which was used a proxy for the necessary cleaning supplies for the room was removed and replaced with 1 supply item, gloves, non-sterile (SB022) and 3 supply items, sanitizing cloth-wipe (surface, instruments, equipment) (SM022), the correct supplies necessary to clean the room for these services.

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CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Digestive System **Esophagus** **Endoscopy** **Endoscopic Retrograde Cholangiopancreatography (ERCP)**				
Report the appropriate code(s) for each service performed. Therapeutic ERCP……To report ERCP attempted but with unsuccessful cannulation of any ductal system, see 43235-43259, 43266, 43270				
(For percutaneous biliary catheter procedures, see 47490-47544)				
Codes 43274, 43275……				
43260		*Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)*		
		(Do not report 43260 in conjunction with 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278)		
⊙*43261*		*with biopsy, single or multiple*		
		(Do not report 43261 in conjunction with 43260)		
		(For percutaneous endoluminal biopsy of biliary tree, use 47543)		
⊙*43262*		*with sphincterotomy/papillotomy*		
		(43262 may be reported when sphincterotomy is performed in addition to 43261, 43263, 43264, 43265, 43275, 43278)		
		(Do not report 43262 in conjunction with 43274 for stent placement or with 43276 for stent replacement [exchange] in the same location)		
		(Do not report 43262 in conjunction with 43260, 43277)		
		(For percutaneous balloon dilation of biliary duct(s) or of ampulla, use 47542)		
⊙*43263*		*with pressure measurement of sphincter of Oddi*		
		(Do not report 43263 in conjunction with 43260)		

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	(Do not report 43263 more than once per session)
⊙43264	*with removal of calculi/debris from biliary/pancreatic duct(s)*
	(Do not report 43264 if no calculi or debris are found, even if balloon catheter is deployed)
	(Do not report 43264 in conjunction with 43260, 43265)
	(For percutaneous removal of calculi/debris, use 47544)
⊙43265	*with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)*
	(Do not report 43265 in conjunction with 43260, 43264)
	(For percutaneous removal of calculi/debris, use 47544)
#⊙43274	*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*
	(Do not report 43274 in conjunction with 43262, 43275, 43276, 43277 for stent placement or replacement [exchange] in the same duct)
	(For stent placement in both the pancreatic duct and the common bile duct during the same operative session, placement of separate stents in both the right and left hepatic ducts, or placement of two side-by-side stents in the same duct, 43274 may be reported for each additional stent placed, using modifier 59 with the subsequent procedure[s])
	(To report naso-biliary or naso-pancreatic drainage tube placement, use 43274)
	(For percutaneous placements of biliary stent(s), see 47538, 47539, 47540)
#⊙43275	*with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)*
	(Do not report 43275 in conjunction with 43260, 43274, 43276)
	(For removal of stent from biliary or pancreatic duct without ERCP, use 43247)
	(Report 43275 only once for removal of one or more stents or foreign bodies from biliary/pancreatic duct[s] during the same session)
	(For percutaneous removal of calculi/debris, use 47544)
#⊙ 43276	*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*

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(43276 includes removal and replacement [exchange] of one stent. For replacement [exchange] of additional stent[s] during the same session, report 43276 with modifier 59 for each additional replacement [exchange])

(Do not report 43276 in conjunction with 43260, 43275)

(Do not report 43276 in conjunction with 43262, 43274 for stent placement or exchange in the same duct)

#⊙43277 *with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct*

(For bilateral balloon dilation [both right and left hepatic ducts], 43277 may be reported twice with modifier 59 appended to the second procedure)

(For percutaneous balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), use 47542)

Digestive System
Biliary Tract
Introduction

Percutaneous biliary procedures (eg, transhepatic, transcholecystic) are described by 47490 and 47531-47544, and are performed with imaging guidance. They are differentiated from endoscopic procedures that utilize an access to the biliary tree from a hollow viscus for diagnosis and therapy. Diagnostic cholangiography is typically performed with percutaneous biliary procedures, and is included in 47490, 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540, and 47541.

Codes 47531 and 47532 describe percutaneous diagnostic cholangiography that includes injection(s) of contrast material, all associated radiological supervision and interpretation, and procedural imaging guidance (eg, ultrasound and/or fluoroscopy). Code 47532 also includes accessing the biliary system with a needle or catheter. Codes 47531 and 47532 may not be reported with codes 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540, and 47541.

An external biliary drainage catheter is a catheter placed into a bile duct that does not terminate in bowel, and that drains bile externally only. An internal-external biliary drainage catheter is a single, externally accessible catheter that terminates in the small intestine, and may drain bile into the small intestine and/or externally. A “stent,” as used in this code set, is a percutaneously placed device (eg, self-expanding metallic mesh stent, plastic tube) that is positioned within the biliary tree and is completely internal, with no portion extending outside the patient.

Codes 47533, 47534, 47535, 47536, 47537, 47538, 47539, and 47540 describe percutaneous therapeutic biliary procedures that include catheter or stent placement, catheter removal and replacement (exchange), and/or catheter removal. These codes include the elements of access, drainage catheter manipulations, diagnostic cholangiography, imaging guidance (eg, ultrasonography and/or fluoroscopy), and all associated radiological supervision and interpretation. Codes 47533, 47534, 47538, 47539, 47540 may be reported once for each catheter or

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stent placed (eg, bilobar placement, multi-segmental placement). Codes 47535, 47536, and 47537 may be reported once for each catheter conversion, exchange, or removal (eg, bilobar, bisegmental).

Codes 47538, 47539, 47540 may be reported only once per session to describe one or more overlapping or serial stent(s) placed within a single bile duct, or bridging more than one ductal segment (eg, left hepatic duct and common bile duct) through a single percutaneous access. Codes 47538, 47539, 47540 may be reported more than once in the same session using modifier 59 for the additional procedures in the following circumstances: (i) placement of side-by-side (double-barrel) stents within a single bile duct; (ii) placement of two or more stents into separate bile ducts through a single percutaneous access; or (iii) placement of stents through two or more percutaneous access sites (eg, placement of one stent through the interstices of another stent). Code 47538 describes biliary stent placement through an existing access. Therefore, 47538 should not be reported together with 47536 if a biliary drainage catheter (eg, external or internal-external) is replaced after the biliary stent is placed. Code 47540 describes biliary stent placement with the additional service of placing a biliary drainage catheter (eg, external or internal-external). Therefore, 47540 should not be reported with 47533, 47534 for the same ductal system.

Code 47541 describes a procedure to assist with endoscopic procedures performed in conjunction with other physician specialists. Access placed may include wire and/or catheter. Code 47541 may not be reported if a wire is placed through existing percutaneous access.

Codes 47542, 47543, and 47544 describe procedures that may be performed in conjunction with other codes in this family, are add-on codes and do not include access, catheter placement, or diagnostic imaging. Do not report 47542 with 47538, 47539, 47540 because balloon dilation is included in 47538, 47539, and 47540. Code 47544 should not be reported with 47531-47543 for removal of incidental sludge and/or debris. Code 47542 should not be reported with 47544, if a balloon is used for removal of calculi, debris, and/or sludge rather than for dilation.

47490 *Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation*

(Do not report 47490 in conjunction with 47531, 47532, 75989, 76942, 77002, 77012, 77021)

Surgery
Digestive System
Biliary Tract
Laparoscopy

✚48400 *Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)*

(For intraoperative pancreatography radiologic supervision and interpretation, see 74300-74301)

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~~*47560*~~ ~~*Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy*~~

~~*47561*~~ ~~*with guided transhepatic cholangiography with biopsy*~~

(For percutaneous cholangiography, see 47531 or 47532)

47563 *Laparascopy, surgical; cholecystectomy with cholangiography*

(For intraoperative cholangiography radiologic supervision and interpretation, see 74300-74301)

(For percutaneous cholangiography, see 47531-47532)

~~47630~~ ~~Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)~~

~~(For radiological supervision and interpretation, use 74327)~~

(47630 has been deleted. For percutaneous biliary duct stone extraction, use 47544)

Radiology
Diagnostic Radiology (Diagnostic Imaging)
Gastrointestinal Tract

74300 *Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation*

+74301 *additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)*

(Use 74301 in conjunction with 74300)

(For injection procedure, see 47563, 48400)

Category I
Radiology
Diagnostic Radiology (Diagnostic Imaging)
Transcatheter Procedures

75984 *Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation*

(For percutaneous replacement of gastronomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cerostomy [or other colonic] tube including fluoroscopic imaging guidance, see 49450-49452)

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	(To report exchange of a percutaneous nephrostomy catheter, use 50435) (For percutaneous cholecystostomy, use 47490) (For percutaneous biliary procedures, including radiological supervision and interpretation, see 47531-47554) (*For percutaneous nephrostolithotomy or pyelostolithotomy, see 50080, 50081)* *(For removal and/or replacement of an internally dwelling ureteral stent via a transurethral approach, see 50385-50386)*			
~~D47500~~		~~*Injection procedure for percutaneous transhepatic cholangiography*~~ ~~*(For radiological supervision and interpretation, use 74320)*~~	~~000~~	N/A
~~D47505~~		~~*Injection procedure for cholangiography through an existing catheter (eg percutaneous transhepatic or T-tube)*~~ ~~*(For radiological supervision and interpretation, use 74305)*~~	~~000~~	N/A
~~D47510~~		~~*Introduction of percutaneous transhepatic catheter for biliary drainage*~~ ~~*(For radiological supervision and interpretation, use 75980)*~~	~~090~~	N/A
~~D47511~~		~~*Introduction of percutaneous transhepatic stent for internal and external biliary drainage*~~ ~~*(For radiological supervision and interpretation, use 75982*~~	~~090~~	N/A
~~D47525~~		~~*Change of percutaneous biliary drainage catheter*~~ ~~*(For radiological supervision and interpretation, use 75984)*~~	~~000~~	N/A
~~D47530~~		~~Revision and/or reinsertion of transhepatic tube~~ ~~*(For radiological supervision and interpretation, use 75984)*~~ (47500, 47505, 47510, 47511, 47525, 47530 have been deleted. To report, see 47531-47541)	~~090~~	N/A

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●47531	U1	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	000	1.30
⊙●47532	U2	new access (eg, percutaneous transhepatic cholangiogram) (Do not report 47531, 47532 in conjunction with 47490, 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540, 47541 for procedures performed through the same percutaneous access) (For intraoperative cholangiography, see 74300, 74301)	000	4.50
⊙●47533	U3	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	000	5.63
⊙●47534	U4	internal-external	000	7.85
⊙●47535	U5	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	000	4.20

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⦿●47536	U6	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 (Do not report 47536 in conjunction with 47538 for the same access) (47536 includes exchange of one catheter. For exchange of additional catheter[s] during the same session, report 47536 with modifier 59 for each additional exchange)	000	2.86
●47537	U7	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 (Do not report 47537 in conjunction with 47538 for the same access) (For removal of biliary drainage catheter not requiring fluoroscopic guidance, see E/M services and report the appropriate level of service provided [eg 99201-99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233])	000	1.84
⦿●47538	U8	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 (Do not report 47538 in conjunction with 47536, 47537 for the same percutaneous access)	000	5.00

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⊙●47539	U9	new access, without placement of separate biliary drainage catheter	000	9.00
⊙●47540	U10	new access, with placement of separate biliary drainage catheter (eg, external or internal-external) (Do not report 47538, 47539, 47540 in conjunction with 43277, 47542, 47555, 47556 for the same lesion in the same session) (Do not report 47540 in conjunction with 47533, 47534 for the same percutaneous access)	000	9.28
⊙●47541	U11	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 (Do not report 47541 in conjunction with 47531, 47532, 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540) (Do not use 47541 when there is existing catheter access. (For use of existing access through the biliary tree into small bowel to assist with an endoscopic biliary procedure, see 47535, 47536, 47537)	000	7.00

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⊙✚●47542	U12	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) (Use 47542 in conjunction with 47531, 47532, 47533, 47534, 47535, 47536, 47537, 47541) (Do not report 47542 in conjunction with 43262, 43277, 47538, 47539, 47540, 47555, 47556) (Do not report 47542 in conjunction with 47544 if a balloon is used for removal of calculi, debris, and/or sludge rather than for dilation) (For percutaneous balloon dilation of multiple ducts during the same session, report an additional dilation once with 47542 and modifier 59, regardless of the number of additional ducts dilated) (For Endoscopic balloon dilation, see 43277, 47555, 47556)	ZZZ	2.85
⊙✚●47543	U13	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) (Use 47543 in conjunction with 47531, 47532, 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540) (Report 47543 once per session) (For endoscopic brushings, see 43260, 47552) (For endoscopic biopsy, see 43261, 47553)	ZZZ	3.00

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⊙✚●47544	U14	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) (Use 47544 in conjunction with 47531, 47532, 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540) (Do not report 47544 if no calculi or debris are found, even if removal device is deployed) (Do not report 47544 in conjunction with 43264, 47554) (Do not report 47544 in conjunction with 47531-47543 for removal of incidental sludge and/or debris) (For endoscopic removal of calculi see 43264, 47554) (For endoscopic destruction of calculi, use 43265)	ZZZ	3.28
~~D74305~~		~~*Cholangiography and/or pancreatography;* through existing catheter, radiological supervision and interpretation~~ ~~(For procedure, see 47505, 48400, 47560-47561, 47563, 48400)~~ ~~(For biliary stone extraction, percutaneous, see 47630, 74327)~~	~~XXX~~	N/A
~~D74320~~		~~Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation~~ (74305 and 74320 have been deleted. To report, see 47531, 47532)	~~XXX~~	N/A

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~~D74327~~		~~Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation~~ ~~(For procedure, use 47630)~~ (74327 has been deleted. For percutaneous biliary stone extraction, use 47544)	~~XXX~~	N/A
~~D75980~~		~~Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation~~ (75980 has been deleted. To report, see 47533, 47534, 47535, 47536, 47537)	~~XXX~~	N/A
~~D75982~~		~~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~~ (75982 has been deleted. To report, see 47533, 47534, 47535, 47536, 47537, 47538, 47539, 47540)	~~XXX~~	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47531 Tracking Number U1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: 000 RUC Recommended RVU: **1.30**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with an obstructive pancreatic head mass presents with worsening liver enzymes and hyperbilirubinemia following recent placement of an internal/external percutaneous biliary drain.

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?

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?

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: The existing tube and abdomen surrounding this region is prepared and draped in sterile fashion and local anesthetic is given. Contrast is injected through the existing tube under fluoroscopic guidance. Multiple radiographs are obtained in multiple projections. The tube is flushed with saline and left in place.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47531		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**20.00**	35.00	200.00
Survey RVW:	1.00	1.50	**2.13**	3.15	9.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	120.00

Immediate Post Service-Time:	**12.00**	
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)

2a-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	47531	**Recommended Physician Work RVU: 1.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**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:	**12.00**	**18.00**	**-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
49450	000	1.36	**RUC Time**

CPT Descriptor Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49083	000	2.00	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); with imaging 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
55876	000	1.73	**RUC Time**	15,185

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

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
		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:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 11.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 47531	Top Key Reference CPT Code: 49450	2nd Key Reference CPT Code: **49083**
Median Pre-Service Time	27.00	30.00	25.00
Median Intra-Service Time	15.00	10.00	25.00
Median Immediate Post-service Time	12.00	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	**54.00**	**50.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-0.12	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47505 and 74305

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 Interventional 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?

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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 49450

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47532 Tracking Number U2 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: 000 RUC Recommended RVU: **4.50**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with worsening liver enzymes and hyperbilirubinemia of unknown etiology. ERCP was unsuccessful.

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 83%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Prophylactic antiobiotics are administered. Local anesthetic is given.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, multiple needle passes are made and ultimately a needle is placed into a peripheral bile duct and contrast is injected to opacify the bile ducts. Multiple radiographs are obtained in multiple projections. The needle is removed.

Description of Post-Service Work: A sterile dressing is applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47532		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	20.00	100.00
Survey RVW:	2.09	4.50	**5.50**	8.00	14.00
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	30.00	**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:	**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:	47532	**Recommended Physician Work RVU: 4.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
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:		**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-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
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36247	000	6.29	**RUC Time**

CPT Descriptor Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular 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
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
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: 6 **% of respondents:** 14.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 47532	**Top Key Reference CPT Code:** 49407	**2nd Key Reference CPT Code:** **36247**
Median Pre-Service Time	38.00	45.00	41.00
Median Intra-Service Time	45.00	45.00	60.00
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	**98.00**	**110.00**	**131.00**
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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.33	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.

The Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the

current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			
reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time	Intra	Post	IWPUT

Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075
47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 76942, 47500 and 74320

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 49407

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47533 Tracking Number U3 Original Specialty Recommended RVU: **6.29**
Presented Recommended RVU: **6.29**
Global Period: 000 RUC Recommended RVU: **5.63**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with a new pancreatic head mass, jaundice, hyperbilirubinemia, elevated white blood cell count. Percutaneous therapeutic management 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a potential safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, a needle is placed into a peripheral bile duct and contrast is injected to ensure biliary placement and identify the level of obstruction. Cholangiography is performed with imaging in multiple projections. A wire is passed through the needle into the bile ducts. The tract is dilated with a transitional dilator set and a combination of diagnostic catheters and wires are used to attempt to cross the level of obstruction. The obstruction precludes passage of a wire, and ultimately the transitional dilator set is exchanged for a external biliary drainage catheter. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a retention suture. A bile specimen is obtained and sent to the lab for culture.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	47533				
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %		
Description of Sample:	Random Sample: SIR 980/ACR 750				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**10.00**	15.00	50.00
Survey RVW:	2.09	5.63	**7.95**	9.98	14.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	45.00	**60.00**	80.00	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47533	**Recommended Physician Work RVU: 5.63**		
		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**	**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-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
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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.50	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

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: 8 **% of respondents:** 19.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 47533	Top Key Reference CPT Code: 37226	2nd Key Reference CPT Code: **49407**
Median Pre-Service Time	41.00	48.00	45.00
Median Intra-Service Time	60.00	90.00	45.00
Median Immediate Post-service Time	20.00	30.00	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	**121.00**	**168.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.12	1.14

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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47500, 74320, 76942, 47510 and 75980

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37191

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47534 Tracking Number U4 Original Specialty Recommended RVU: **8.58**
Presented Recommended RVU: **8.58**
Global Period: 000 RUC Recommended RVU: **7.85**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with a new pancreatic mass, obstructive jaundice, and hyperbilirubinemia). Percutaneous therapeutic management 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a potential safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, a needle is placed into a peripheral bile duct and contrast is injected to ensure biliary placement and identify the level of obstruction. Cholangiography is performed with imaging in multiple projections. A bile specimen is obtained and sent to the lab for culture. A wire is passed through the needle into the bile ducts. The tract is dilated with a transitional dilator set and a new 0.035 wire is used to cross the level of obstruction and terminate in the small bowel. The tract is sesrially dilated and an 8F internal/external biliary drainage catheter is placed over the wire terminating within the small bowel. Contrast injection under fluoroscopic guidance confirms placement in small bowel and that side-holes are positioned appropriately within the bile ducts. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a retention suture.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical

procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47534		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	7.00	**15.00**	30.00	75.00
Survey RVW:	2.09	7.85	**9.50**	11.00	15.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	50.00	**68.00**	80.00	125.00

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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47534	**Recommended Physician Work RVU: 7.85**		
		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**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-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
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

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
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: 11 **% of respondents:** 26.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 47534	Top Key Reference CPT Code: 37226	2nd Key Reference CPT Code: **37211**
Median Pre-Service Time	41.00	48.00	48.00
Median Intra-Service Time	68.00	90.00	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	**129.00**	**168.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.45	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47500, 74320, 76942, 47511 and 75982

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 36247

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47535 Tracking Number U5 Original Specialty Recommended RVU: **4.20**
Presented Recommended RVU: **4.20**
Global Period: 000 RUC Recommended RVU: **4.20**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of an external biliary drainage catheter, which was recently placed to treat cholangitis in the setting of biliary obstruction. At the time of placement, the level of obstruction could not be crossed with a wire or catheter. The patient presents for conversion of his external biliary drainage catheter to an internal-external biliary drainage catheter.

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 98%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 93%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: The existing tube, abdomen and right flank are prepared and draped in sterile fashion. Under fluoroscopic guidance, a wire is placed through the existing tube into the bile ducts. The tube is exchanged for a sheath. Cholangiogram is performed through the sheath. Multiple radiographs in multiple projections are obtained. Under fluoroscopic guidance, a catheter and wire are used through the sheath to cross the level of obstruction. The sheath is exchanged for a new internal/external biliary drainage catheter, which terminates in small bowel. Contrast injection under fluoroscopic guidance confirms placement in small bowel and that side-holes are positioned appropriately within the bile ducts. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a retention suture. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47535		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	5.00	**10.00**	20.00	100.00
Survey RVW:	3.00	4.20	**5.40**	6.95	10.00
Pre-Service Evaluation Time:			**25.00**		
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	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47535	**Recommended Physician Work RVU: 4.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
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:		**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-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
36247	000	6.29	**RUC Time**

CPT Descriptor Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32550	000	4.17	**RUC Time**

CPT Descriptor Insertion of indwelling tunneled pleural catheter with cuff

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
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: 10 **% of respondents:** 23.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 47535	Top Key Reference CPT Code: 36247	2nd Key Reference CPT Code: **32550**
Median Pre-Service Time	33.00	41.00	40.00
Median Intra-Service Time	45.00	60.00	30.00
Median Immediate Post-service Time	15.00	30.00	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	**93.00**	**131.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.20	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47505, 74305, 47511 and 75982

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 36247

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47536 Tracking Number U6 Original Specialty Recommended RVU: **3.06**
Presented Recommended RVU: **3.06**
Global Period: 000 RUC Recommended RVU: **2.86**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of an internal/external biliary drainage catheter for an obstructive pancreatic head mass. The patient has been experiencing fevers and leakage around the existing tube. The patient presents for exchange of the existing internal-external biliary drain.

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 69%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: The existing tube, abdomen and right flank are prepared and draped in sterile fashion. Under fluoroscopic guidance, a wire is placed through the existing tube into the small bowel. The tube is exchanged for a sheath. Cholangiogram is performed through the sheath. Multiple radiographs in multiple projections are obtained. The sheath is exchanged over the wire for a new internal/external biliary drainage catheter. Contrast injection under fluoroscopic guidance confirms placement in small bowel and that side-holes are positioned appropriately within the bile ducts. The catheter is connected to gravity bag drainage and the catheter is anchored at the skin surface with a retention suture. Sterile dressings are applied.

Description of Post-Service Work: The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47536		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	16.00	**25.00**	50.00	200.00
Survey RVW:	1.40	2.86	**3.38**	4.29	7.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	20.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**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 **0.00** 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:	47536	**Recommended Physician Work RVU: 2.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
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:		**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**13.00**	**25.00**	**-12.00**

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
49452	000	2.86	**RUC Time**

CPT Descriptor Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32550	000	4.17	**RUC Time**

CPT Descriptor Insertion of indwelling tunneled pleural catheter with cuff

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 (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,091

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
		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:** 45.2 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 11.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 47536	Top Key Reference CPT Code: 49452	2nd Key Reference CPT Code: 32550
Median Pre-Service Time	28.00	30.00	40.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	13.00	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	**61.00**	**60.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.68	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47505, 74305, 47525 and 75984

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 49452

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47537 Tracking Number U7 Original Specialty Recommended RVU: **1.84**
Presented Recommended RVU: **1.84**
Global Period: 000 RUC Recommended RVU: **1.84**

CPT Descriptor: 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of biliary stents for obstructive metastatic pancreatic cancer. An external biliary drain was left at the time of stent placement, and the patient presents for removal of the external biliary drainage catheter under fluoroscopic guidance to ensure the indwelling stents are not displaced during removal.

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?

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?

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table.. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: The existing tube, abdomen and right flank are prepared and draped in sterile fashion. Cholangiogram is performed through the existing external biliary drain. Multiple radiographs in multiple projections are obtained. A wire is placed through the existing catheter under fluoroscopic guidance. The catheter is then removed over the wire. The wire is then removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47537		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	15.00	100.00
Survey RVW:	1.00	1.84	**2.50**	3.02	6.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	10.00	**15.00**	15.00	90.00

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)

2a-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	47537	**Recommended Physician Work RVU: 1.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**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
49083	000	2.00	**RUC Time**

CPT Descriptor Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49450	000	1.36	**RUC Time**

CPT Descriptor Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation 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
55876	000	1.73	**RUC Time**	15,185

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

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
		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:** 26.1 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 47537	Top Key Reference CPT Code: 49083	2nd Key Reference CPT Code: **49450**
Median Pre-Service Time	27.00	25.00	30.00
Median Intra-Service Time	15.00	25.00	10.00
Median Immediate Post-service Time	10.00	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	**52.00**	**60.00**	**50.00**
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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.72	-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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47505 and 74305

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 49451

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47538 Tracking Number U8 Original Specialty Recommended RVU: **5.45**
Presented Recommended RVU: **5.45**
Global Period: 000 RUC Recommended RVU: **5.00**

CPT Descriptor: Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of an internal/-external biliary drainage catheter for an obstructive pancreatic head mass. Biliary stent placement with removal of the biliary drain 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 95%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: The existing tube, abdomen and right flank are prepared and draped in sterile fashion. Under fluoroscopic guidance, a wire is placed through the existing tube into the small bowel. The tube is exchanged for a sheath. Cholangiogram is performed through the sheath. Multiple radiographs in multiple projections are obtained. Over the wire, a balloon is placed to dilate the level of obstruction. A biliary stent is then placed under fluoroscopic guidance, crossing the level of obstruction. A new balloon is placed over the wire to dilate the stent to the appropriate diameter. Cholangiogram is again performed through the sheath. Multiple radiographs in multiple projections are obtained. The sheath is exchanged for an external biliary drainage catheter. Contrast injection is performed through the new catheter to confirm appropriate placement in the bile ducts. The catheter is capped and anchored at the skin surface with a retention suture.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47538		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	10.00	40.00
Survey RVW:	4.00	5.00	**7.15**	9.88	16.00
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	40.00	**53.00**	64.00	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47538	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
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:		**53.00**		

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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-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
37191	000	4.71	**RUC Time**

CPT Descriptor 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

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: 11 **% of respondents:** 26.1 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 23.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 47538	Top Key Reference CPT Code: 37191	2nd Key Reference CPT Code: **37226**
Median Pre-Service Time	38.00	38.00	48.00
Median Intra-Service Time	53.00	30.00	90.00
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	**106.00**	**83.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.18	-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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47505, 74305, 74363, 47525, 75984 and 47556

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37191

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47539 Tracking Number U9 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 RUC Recommended RVU: **9.00**

CPT Descriptor: Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with a new obstructive pancreatic mass, unresectable extra-hepatic metastatic disease, mild jaundice, and hyperbilirubinemia. Percutaneous therapeutic management using an internal biliary stent 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 67%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a potential safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, a needle is placed into a peripheral bile duct and contrast is injected to ensure biliary placement. Cholangiogram is performed. Multiple radiographs in multiple projections are obtained. A wire is passed through the needle. The tract is dilated with a transitional dilator set and a catheter and wire combination is used to cross the level of obstruction and terminate in the small bowel. A sheath is placed over the wire. A balloon is used to dilate the level of obstruction. A biliary stent is placed through the sheath over the wire, crossing the level of obstruction. A new balloon is then again used to dilate the stent to the appropriate diameter. Cholangiogram is again performed through the sheath to ensure stent patency and appropriate placement. Multiple radiographs in multiple projections are obtained. The wire is removed. The sheath is removed. The tract is embolized.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record.

Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47539		
Sample Size:	1730	**Resp N:** 41	**Response:** 2.3 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	25.00
Survey RVW:	3.73	9.00	**10.75**	12.00	15.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	40.00	65.00	**75.00**	100.00	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47539	**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:		**33.00**	**33.00**	**0.00**
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:		**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**25.00**	**-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
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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37228	000	11.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial 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
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: 10 **% of respondents:** 24.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 14.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 47539	**Top Key Reference CPT Code:** 37226	**2nd Key Reference CPT Code:** **37228**
Median Pre-Service Time	41.00	48.00	48.00
Median Intra-Service Time	75.00	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	**136.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.60	-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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 76942, 47500, 74320, 74363 and 47556

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47540 Tracking Number U10 Original Specialty Recommended RVU: **11.00**
Presented Recommended RVU: **11.00**
Global Period: 000 RUC Recommended RVU: **9.28**

CPT Descriptor: Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with a new obstructive pancreatic mass, unresectable extra-hepatic metastatic disease, severe jaundice, and hyperbilirubinemia. Percutaneous therapeutic management using a biliary stent and a biliary drainage catheter 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 85%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 69%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a potential safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, a needle is placed into a peripheral bile duct and contrast is injected to ensure biliary placement. Cholangiogram is performed. Multiple radiographs in multiple projections are obtained. A wire is passed through the needle. The tract is dilated with a transitional dilator set and a catheter and wire combination is used to cross the level of obstruction and terminate in the small bowel. A sheath is placed over the wire. A balloon is placed over the wire to dilate the level of obstruction. A biliary stent is placed through the sheath over the wire, crossing the level of obstruction. A new balloon is then used to dilate the stent to the appropriate diameter. Cholangiogram is again performed through the sheath to ensure stent patency. Multiple radiographs in multiple projections are obtained. The sheath is exchanged over the wire for an external biliary drainage catheter. The catheter is capped and anchored at the skin surface with a retention suture.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record.

Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	47540				
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %		
Description of Sample:	Random Sample: SIR 980/ACR 750				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**5.00**	10.00	40.00
Survey RVW:	4.25	9.28	**11.00**	13.80	16.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	40.00	70.00	**85.00**	120.00	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47540	**Recommended Physician Work RVU: 9.28**		
		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**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**85.00**		

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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-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
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
37228	000	11.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial 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
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: 8 **% of respondents:** 19.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 47540	Top Key Reference CPT Code: 37230	2nd Key Reference CPT Code: **37228**
Median Pre-Service Time	41.00	48.00	48.00
Median Intra-Service Time	85.00	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	**146.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.25	0.14

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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 76942, 47500, 74320, 47510, 75980, 74363 and 47556

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47541 Tracking Number U11 Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **7.00**
Global Period: 000 RUC Recommended RVU: **7.00**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents with a new obstructive pancreatic mass. ERCP was unsuccessful, and the gastroenterology service has asked for percutaneous wire placement through the bile ducts into the small bowel, so that access can be used for access into the biliary system for subsequent endoscopically guided interventions.

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 82%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 75%

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. The case is discussed with the referring clinician. A time out is performed. The patient is placed supine on the angiographic table. Moderate conscious sedation is administered. Prophylactic antiobiotics are administered.

Description of Intra-Service Work: Ultrasound and fluoroscopy are used to identify a potential safe tract into a peripheral bile duct in the liver. The abdomen and right flank are prepared and draped in sterile fashion. Under ultrasound and fluoroscopic guidance, a needle is placed into a peripheral bile duct and contrast is injected to ensure biliary placement. Cholangiogram is performed. Multiple radiographs in multiple projections are obtained. A wire is passed through the needle. The tract is dilated with a transitional dilator set. A catheter and 0.035 wire is then used to cross the level of obstruction and successfully place a wire that extends into the small bowel from the percutaneous access site.

Description of Post-Service Work: A sterile dressing is placed over the wire to maintain biliary access for the patients subsequent endoscopic procedure. The patient is transported to the recovery room for hemodynamic monitoring, sedation recovery, and pain control. The procedure is documented in the permanent record. Diagnostic cholangiogram results, and patient status are communicated to the patient's family. Permanent surgical procedure and image interpretation 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)	10/2015				
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD				
Specialty(s):	Interventional Radiology				
CPT Code:	47541				
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %		
Description of Sample:	Random Sample: SIR 980/ACR 750				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**3.00**	5.00	40.00
Survey RVW:	4.25	7.00	**8.60**	10.50	18.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	45.00	**60.00**	80.00	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)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	47541	**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:		**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)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**25.00**	**-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
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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37213	000	5.00	**RUC Time**

CPT Descriptor 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;

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: 10 **% of respondents:** 23.8 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 9.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 47541	Top Key Reference CPT Code: 37226	2nd Key Reference CPT Code: **37213**
Median Pre-Service Time	41.00	48.00	41.00
Median Intra-Service Time	60.00	90.00	33.00
Median Immediate Post-service Time	20.00	30.00	25.00
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**	**168.00**	**99.00**
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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		
Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.10	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous,* or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 76942, 47500 and 74320

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 36247

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47542 Tracking Number U12 Original Specialty Recommended RVU: **2.97**
Presented Recommended RVU: **2.97**
Global Period: ZZZ RUC Recommended RVU: **2.85**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 41-year-old female presents with hyperbilirubinemia 6 months following cholecystectomy. Magnetic resonance cholangiopancreatography (MRCP) demonstrates biliary strictures in the right hepatic duct with consequent biliary ductal dilation throughout the right hepatic lobe. Percutaneous therapeutic management 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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 93%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 100%

Description of Pre-Service Work:

Description of Intra-Service Work: Separately reportable access to the biliary tree is acquired and a transitional dilator is placed. A wire and catheter combination is used to pass the wire across the biliary stricture. The transitional dilator set is exchanged for a sheath. A balloon is placed through the sheath over the wire, and used to dilate the biliary stricture. The balloon is removed. Cholangiography is performed through the sheath to assess adequacy of dilation. An 8F internal/external biliary drain is placed over the wire, terminating in the small bowel (separately reportable).

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47542		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	3.00	**6.00**	15.00	33.00
Survey RVW:	1.00	2.85	**3.74**	4.00	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	15.00	**30.00**	50.00	150.00

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:	47542	**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:		**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
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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37185	ZZZ	3.28	**RUC Time**

CPT Descriptor Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy 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: 10 **% of respondents:** 9.0 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 47542	**Top Key Reference CPT Code:** 37222	**2nd Key Reference CPT Code:** **37185**
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	30.00	40.00	40.00
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**	**42.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		

Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-0.20	-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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 74363 and 47555

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37222

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47543 Tracking Number U13 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ RUC Recommended RVU: **3.00**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of an internal-external drain placed in the setting of cholangitis, sepsis, and a new pancreatic head mass. The patient's sepsis/cholangitis has resolved, and endoluminal biopsy is now appropriate to assess for metastatic disease

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 95%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 93%

Description of Pre-Service Work:

Description of Intra-Service Work: Separately reportable removal of the existing drainage catheter over a wire is performed. A sheath is placed. Through the sheath, a biopsy device is placed to obtain biopsies from the ipsilateral hepatic duct, common hepatic duct, and common bile duct. Using a new guidewire and catheter combination, the sheath is manipulated into the contralateral hepatic duct. The biopsy device is again placed and specimens are obtained. The biopsy specimens are sent to the lab for analysis. A catheter and wire combination is then used to obtain access into the small bowel. The sheath is exchanged over the wire for a new internal/external biliary drainage catheter (separately reportable).

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47543		
Sample Size:	1730	**Resp N:** 42	**Response:** 2.4 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	13.00	40.00
Survey RVW:	1.50	3.00	**3.80**	4.00	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	15.00	**30.00**	45.00	150.00

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:	47543	**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:		**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
37185	ZZZ	3.28	**RUC Time**

CPT Descriptor Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)

SECOND HIGHEST 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**	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: 13 **% of respondents:** 30.9 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 21.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 47543	**Top Key Reference CPT Code:** 37185	**2nd Key Reference CPT Code:** **37222**
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	30.00	40.00	40.00
Median Immediate Post-service Time	0.00	0.00	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**	**40.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		

Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	-0.38	-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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47553 and 76000

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 22515

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47544 Tracking Number U14 Original Specialty Recommended RVU: **3.95**
Presented Recommended RVU: **3.95**
Global Period: ZZZ RUC Recommended RVU: **3.28**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old man presents following placement of an internal-external drain placed in the setting of cholangitis. Cholangiogram performed at the time of catheter placement demonstrated multiple filling defects in the common bile duct consistent with cholelithiasis. Calculi are consequently removed via percutaneous access during the procedure.

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? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 94%

Is moderate sedation inherent to this procedure in the office setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the office setting? 93%

Description of Pre-Service Work:

Description of Intra-Service Work: Separately reportable removal of the existing tube is performed over a wire (tip in small bowel). A sheath is placed over the wire. Cholangiogram is performed. Through the sheath, a balloon catheter is placed and the balloon inflated. The balloon catheter is advanced over the wire and through the ampulla multiple times, clearing the bile ducts of cholelithiases. The balloon catheter is removed. Cholangiography is performed through the sheath to assess adequacy of stone removal. The sheath is exchanged over the wire and a separately reportable internal/external biliary drainage catheter is placed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Jerry Niedzwiecki, MD, Michael Hall, MD, Bob Vogelzang, MD, Tim Swan, MD, Matt Hawkins, MD, Zeke Silva, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology		
CPT Code:	47544		
Sample Size:	1730	**Resp N:** 32	**Response:** 1.8 %
Description of Sample:	Random Sample: SIR 980/ACR 750		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	35.00
Survey RVW:	2.00	3.95	**5.50**	8.00	16.40
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	**45.00**	75.00	200.00

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:	47544	**Recommended Physician Work RVU: 3.28**		
		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? 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
37185	ZZZ	3.28	**RUC Time**

CPT Descriptor Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy 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
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: 9 **% of respondents:** 28.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 47544	**Top Key Reference CPT Code:** 37185	**2nd Key Reference CPT Code:** **37235**
Median Pre-Service Time	0.00	0.00	1.00
Median Intra-Service Time	45.00	40.00	80.00
Median Immediate Post-service Time	0.00	0.00	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	**45.00**	**40.00**	**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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		

Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.22	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 Joint CPT-RUC Workgroup identified (Group 12) codes 47500, 74320-26, 47505, 74305-26, 47510, 75980-26, 47511, 75982-26, 74305-26, 47505, 74320-26, 47500, 75980-26, 47510, 75982-26 as being reported together at least 75% of the time. The specialties updated the percutaneous biliary code family based on the current practice of medicine, and in so doing, deleted 10 percutaneous biliary procedure codes while creating 14 new bundled codes that describe percutaneous biliary procedures including imaging.

This new 'biliary family' was recently surveyed and presented at the April 2015 RUC meeting. However, the RUC and specialty societies agreed that the survey data for this family of services was problematic. Specifically, the RUC noted codes 47532, 47533 and 47534 all had identical median intra-service time of 60 minutes. CPT code 47533 includes the work of 47532 plus the work of an additional access and drain placement. Furthermore, 47534 includes the work of 47533 plus the work of crossing the occlusion and placement of an internal/external drain. Given this time anomaly, the RUC agreed to provide interim recommendations at this meeting, while allowing the specialty societies to re-survey the entire family of codes for October 2015.

The specialty societies worked with the research subcommittee to develop a modified survey tool in an attempt to facilitate gathering more accurate rank order survey data from the surveyed physicians. The entire family of codes was included on one single survey. The research subcommittee approved this survey method, which collected:
• overall complexity/intensity data;
• service performance rates for just the surveyed codes; and
• only whether the vignette is typical or not.
We did not ask for them to provide details if the vignette is not typical.

Compelling Evidence
SIR/ACR believe that the current values for CPT codes now used for the percutaneous, image guided biliary interventional procedures newly described in Tab 4 are no longer rational or appropriate for the detailed, granular and far more accurately descriptive codes in this new group. In our opinion, there have been significant changes in technique, knowledge and technology, patient population and physician time.

Technique, Knowledge and Technology
The codes currently used for this family of biliary procedures no longer reflect the techniques now used for image-guided, catheter-based biliary procedures. Indeed, as can be seen, there are 14 new codes in this family which will henceforth be used to describe a diverse range of procedures. As an index example of these significant changes in technique, one of the most widely used of the current codes, 47510, *Introduction of percutaneous transhepatic catheter for biliary drainage*, was previously performed by a method in which the biliary tree was first opacified and often distended by blind needle puncture (not ultrasound), after which an optimal duct was identified and punctured under fluoroscopy using large sheathed needles or even the trocar technique. These techniques have all changed since this code was introduced and valued as noted below.

Virtually all the medical devices currently used in biliary catheter procedures have been developed since the current codes were adopted. The past twenty years have witnessed major advances in our knowledge base including:
1) using imaging guidance, such as ultrasound, and preoperative mapping to avoid hepatic hilar structures and thus prevent bleeding and bile leaks
2) new insights into how segmental biliary ductal anatomy can help avoid bleeding and septic complications
3) development of much less aggressive and safer guidewire-based methods which involve more steps and more effort, skill and physician time such as micropuncture access with gradual stepwise transition to heavy-duty guidewires, tract dilation and placement of catheters over safer, more stable wires and use of real-time ultrasound guidance for needle access. The ductal system is never distended to avoid septic complications.

We would note that the example of 47510 is reflective of the majority of the existing codes for biliary catheter procedures. Simply put, the new codes reflect new thinking and understanding as well as considerable improvements and advances in techniques which render the current values inappropriate for these new codes.

In another example, the existing code 47511, *Introduction of percutaneous transhepatic stent for internal and external biliary drainage*. Current methods utilize a wide range of self-expanding open, as well as covered, metallic stents of various designs designed specifically for biliary pathology and using percutaneous methods as well as plastic and even retrievable metallic stents. These devices were not available when the existing codes were proposed or adopted.

A number of the codes, for example, 47543, *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps and/or needle)*, 47544 *Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy)*, 47542, *Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous*, or 47541, *Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous*, describe procedures which did not exist previously and, thus, are new technology not able to be described at all under the old codes.

Patient Population

SIR/ACR assert that the population of patients treated with the new family of procedures described herein has changed considerably in at least three major ways:

1) Previously the majority of all biliary catheter procedures were used for basic relief of distal ductal biliary obstruction either acutely or chronically often related to pancreatic cancer and/or stone disease. These patients previously drained and stented percutaneously are now largely treated by endoscopic methods. The significant majority of all of the biliary diseases referred for interventional percutaneous treatment now have higher and more complex levels of benign and malignant biliary occlusion, including hilar and segmental obstruction. Treatment of these lesions involves considerably more work, time, effort and risk to achieve satisfactory outcomes.
2) The widespread use of liver transplantation has introduced an entirely different patient population: the postoperative liver transplant patient with ischemic biliary strictures (intrahepatic and/or extrahepatic), which requires major investments of time, skill and effort to obtain access and drain, stent and dilate these complex situations.
3) Hepatic surgery for malignancy has also become far more sophisticated and segmental or lobar resections will frequently result in referrals for drainage of biliary leaks from nondilated ducts. These patients also present challenges in drainage and management.

An example of the change in patient populations can also be seen in the management of biliary stone disease. Previously, patients with distal biliary calculi were referred for external biliary drainage and stone manipulation. These patients are no longer sent for percutaneous treatment. The stone diseases seen currently are intrahepatic lithiasis or extensive stone formation as a result of biliary-enteric anastomoses both of which require far more skill and time to achieve satisfactory initial access but also need much different time-consuming and labor intensive methods to extract or expel the stones.

New Biliary Family

The CPT editorial panel established 14 bundled codes that describe percutaneous biliary procedures including imaging. Below is a table demonstrating the relationship between the new codes:

000 Code Set:

47531: Direct crosswalk to 46611 (work RVU= 1.30)

47532: Recommendation of 25th percentile RVW 4.50 based on survey (N=42) with median intra-service time of 45 and total time of 98 minutes. This recommendation is well supported by the #1 KRS (49407: RVW 4.50 (exactly the same), Intra 45 (exactly the

same), total 110 (slightly higher)). The recommendation is also well bracketed by MPCs 55214 (RVW 3.50, Intra 30, total 79) and 52235 (RVW 5.44, Intra 45 (same as 47532), and total 94 (less than 47532)).

47533: The RUC recommends the survey 25th percentile of 4.50 work RVUs

47534: The RUC recommends the survey 25th percentile of 7.85 work RVUs

47535: Recommendation of 25th percentile RVW 4.20 based on survey (N=42) with median intra-service time of 45 and total time of 93 minutes. The societies feel that the work of 47535 is similar to 47532 and that the survey and our recommendations are therefore also consistent. This recommendation is well bracketed by the #1 and #2 KRS (36247: RVW 6.29, Intra 60, Total 131, and 32550: RVW 4.17, Intra 30, Total 90). The recommendation is also well bracketed by MPCs 52214 (RVW 3.50, Intra 30, Total 79) and 52235 (RVW 5.44, Intra 45, Total 94).

47536: The RUC recommends the survey 25th percentile of 2.86 work RVUs

47537: Recommendation of 25th percentile RVW 1.84 based on survey (N=42) with median intra-service time of 15 and total time of 52 minutes. This work is similar to 47531with the additional work of fluoroscopic drain removal. The societies feel that this extra work is reflective of clinical practice and similarly reflected in the survey median and 25th RVW. This recommendation is well bracketed by the #1 and #2 KRS (49083: RVW 2.00, Intra 25, Total 60, and 49450: RVW 1.36, Intra 10, Total 50).

47538: The RUC recommends the survey 25th percentile of 5.00 work RVUs

47539: Recommendation of 25th percentile RVW 9.00 based on survey (N=41) with median intra-service time of 75 and total time of 136 minutes. This recommendation is well bracketed by MPC 52353 (RVW 7.50, Intra 60, Total 133) and the #1 KRS (37226: RVW 10.49, Intra 90, Total 168).

47540: The RUC recommends the survey 25th percentile of 9.28 work RVUs

47541: Recommendation of 25th percentile RVW 7.00 based on survey (N=42) with median intra-service time of 60 and total time of 121 minutes. The societies feel that the intensity and complexity of this work is in between that of 47533 and 47534 based on magnitude estimation and therefore are recommending a value greater than 47533 but less than 47534. This recommendation is well bracketed by the #1 and #2 KRS (37226: RVW 10.49, Intra 90, Total 168, and 37213: RVW 5.00, Intra 33, Total 99). This recommendation is also supported by MPC 52353 (RVW 7.50, Intra 60, Total 133).

ZZZ Code Set:

47542**:** The RUC recommends the survey 25th percentile of 2.85 work RVUs

47543**:** Recommendation of 25th percentile RVW 3.00 based on survey (N=42) with median intra-service time of 30. This recommendation is well bracketed by MPC 99292 (RVW 2.25, Intra 30) and #1 KRS (37185: RVW 3.28, Intra 40).

47544**:** The RUC recommends a direct crosswalk to 37185 and 92973 (work RVU= 3.28)

PreService Time

We selected pre time package 2B for 47532, 47533, 47534, 47535, 47536, 47541, 47538, 47539, and 47540. For 47531 and 47537, we selected pre time package 2A, because moderate sedation was not inherent in those two procedures. We also added two additional minutes of positioning time to account for positioning patient on angiographic table, as well as optimize lead placement to avoid obscuring imaging.

Relativity

The consensus panel reviewed the survey data for the family this new family of biliary procedures and analyzed the relativity within the family. The consensus panel felt the appropriate recommendations for 47533, 47534, 47538 and 47542 fell between the surveyed 25th percentile and the survey median. As such, we are recommending crosswalk values for those codes.

The consensus panel reviewed the survey data and believe the recommendations compare favorably to (1) the new family of biliary codes, (2) interventional radiology and (3) MPCs. Below is an outline of the comparisons:

	CPT Code	Global Period	Work RVU	Total Time	Pre Time			Intra Time	Post Time	IWPUT
					Eval	Pos	SDW			

reference	49450	000	1.36	50	20	5	5	10	10	0.054
surveyed	47531	000	1.30	54	18	3	6	15	12	0.047
MPC	55876	000	1.73	59	19	10		20	10	0.043
surveyed	47537	000	1.84	52	18	3	6	15	10	0.073
reference	49083	000	2.00	60	15	5	5	25	10	0.052
MPC	31622	000	2.78	65	10	5	5	30	15	0.069
reference	49452	000	2.86	60	20	5	5	20	10	0.102
surveyed	47536	000	2.86	61	20	3	5	20	13	0.111
MPC	52214	000	3.50	79	19	5	5	30	20	0.083
reference	32550	000	4.17	90	15	15	10	30	20	0.099
surveyed	47535	000	4.20	93	25	3	5	45	15	0.071
reference	49407	000	4.50	110	35	5	5	45	20	0.069
surveyed	47532	000	4.50	98	30	3	5	45	15	0.075
reference	37191	000	4.71	83	30	3	5	30	15	0.120
reference	37213	000	5.00	99	33	3	5	33	25	0.109
MPC	52235	000	5.44	94	19	5	5	45	20	0.098
surveyed	47538	000	5.00	106	30	3	5	53	15	0.082
crosswalk	31267	000	5.45	110	30			50	30	0.082
reference	36247	000	6.29	131	33	3	5	60	30	0.080
surveyed	47533	000	5.63	121	33	3	5	60	20	0.083
crosswalk	37197	000	6.29	121	33	3	5	60	20	0.083
surveyed	47541	000	7.00	121	33	3	5	60	20	0.095
MPC	52353	000	7.50	133	33	5	15	60	20	0.101
reference	37211	000	8.00	138	40	3	5	60	30	0.105
surveyed	47534	000	7.85	129	33	3	5	68	20	0.107
crosswalk	43274	000	8.58	139	33	10	5	68	23	0.104
surveyed	47539	000	9.00	136	33	3	5	75	20	0.103
reference	37226	000	10.49	168	40	3	5	90	30	0.098
reference	37228	000	11.00	168	40	3	5	90	30	0.104
surveyed	47540	000	9.28	146	33	3	5	85	20	0.114
reference	37230	000	13.80	198	40	3	5	120	30	0.101
MPC	99292	ZZZ	2.25	30				30		0.075
surveyed	47542	ZZZ	2.85	30				30		0.099
crosswalk	37239	ZZZ	2.97	32	1			30	1	0.098
surveyed	47543	ZZZ	3.00	30				30		0.100
reference	37185	ZZZ	3.28	40				40		0.082
reference	37222	ZZZ	3.73	42	1			40	1	0.092
surveyed	47544	ZZZ	3.28	45				45		0.088
MPC	57267	ZZZ	4.88	45				45		0.108
reference	37235	ZZZ	7.80	82	1			80	1	0.097

Recommendations

The consensus panel reviewed the (1) RUC survey data, (2) the family relationship between the new codes, (2) the relativity to codes within interventional radiology specialty, (3) rank order within the Fee Schedule, (4) compelling evidence, (5) standard packages and (6) RUC guidelines and makes the following physician work recommendations:

CPT	Global	Work	Total	Pre Time			Intra	Post	IWPUT
Code	Period	RVU	Time	Eval	Pos	SDW	Time	Time	
47531	000	1.30	54	18	3	6	15	12	0.047
47532	000	4.50	98	30	3	5	45	15	0.075

47533	000	5.63	121	33	3	5	60	20	0.083
47534	000	7.85	129	33	3	5	68	20	0.107
47535	000	4.20	93	25	3	5	45	15	0.071
47536	000	2.86	61	20	3	5	20	13	0.111
47537	000	1.84	52	18	3	6	15	10	0.073
47538	000	5.00	106	30	3	5	53	15	0.082
47539	000	9.00	136	33	3	5	75	20	0.103
47540	000	9.28	146	33	3	5	85	20	0.114
47541	000	7.00	121	33	3	5	60	20	0.095
47542	ZZZ	2.85	30				30		0.099
47543	ZZZ	3.00	30				30		0.100
47544	ZZZ	3.28	45				45		0.088

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) 47630 and 74327

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 Interventional 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?
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 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. A national number is not available.

Specialty	Frequency	Percentage	%
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:
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. 37235

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
12	**ISSUE: Percutaneous Biliary Procedures Bundling**																								
13	**TAB: 4**																								
14						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**SURVEY EXPERIENCE**				
15	**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**
16	**REF**	**49450**	**Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report**	**16**	**0.054**			**1.36**			**50**	**20**	**5**	**5**			**10**			**10**					
17	**REF**	**49083**	**Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance**	**5**	**0.052**			**2.00**			**60**	**15**	**5**	**5**			**25**			**10**					
18	**CURRENT**	**47505**	**Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**		**0.011**			**0.76**			**56**	**5**	**5**	**5**			**36**			**5**					
19	**CURRENT**	**74305**	**Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**					**0.42**	**1.18**		**10**														
20	**SVY**	**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**	**42**	**0.074**	**1.00**	**1.50**	**2.13**	**3.15**	**9.00**	**67**	**20**	**10**	**10**	**5**	**10**	**15**	**20**	**120**	**12**	**1**	**10**	**20**	**35**	**200**
21	**REC**				**0.047**			**1.30**			**54**	**18**	**3**	**6**			**15**			**12**					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
22																									
23																									
24						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
25	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
26	REF	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	6	0.069			4.50			110	35	5	5			45			20					
27	REF	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6	0.080			6.29			131	33	3	5			60			30					
28	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration,		0.027			0.67			27	7					15			5					
29	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
30	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation					0.54			12														
31	SVY	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)	42	0.093	2.09	4.50	5.50	8.00	14.00	110	30	10	10	15	30	45	60	120	15	0	3	6	20	100
32	REC				0.075			4.50			98	30	3	5			45			15					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
33																									
34																									
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
36	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
37	REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	8	0.098			10.49			168	40	3	5			90			30					
38	REF	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	7	0.069			4.50			110	35	5	5			45			20					
39	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
40	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision					0.54			12														
41	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration,		0.027			0.67			27	7					15			5					
42	CURRENT	47544	direct crosswalk to 37185 and 92973		0.013	3.28		4.93			217	24		25			55			17					
43	CURRENT	75980	Percutaneous transhepatic biliary drainage with contrast monitoring,					1.44			27														
44	SVY	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	42	0.108	2.09	5.63	7.95	9.98	14.00	133	33	10	10	15	45	60	80	120	20	0	5	10	15	50
45	REC				0.072			5.63			121	33	3	5			60			20					
46																									

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
47																									
48																									
49						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
50	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
51	REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	11	0.098			10.49			168	40	3	5			90			30					
52	REF	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	6	0.105			8.00			138	40	3	5			60			30					
53	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
54	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision					0.54			12														
55	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration,		0.027			0.67			27	7					15			5					
56	CURRENT	47511	Introduction of percutaneous transhepatic stent for internal and		0.057			10.77			289	75					90			30					
57	CURRENT	75982	Percutaneous placement of drainage catheter for combined internal and					1.44			27														
58	SVY	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	42	0.117	2.09	7.85	9.50	11.00	15.00	143	35	10	10	25	50	68	80	125	20	1	7	15	30	75
59	REC				0.096			7.85			129	33	3	5			68			20					
60																									

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
61	.																								
62																									
63						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
64	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
65	REF	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	10	0.080			6.29			131	33	3	5			60			30					
66	REF	32550	Insertion of indwelling tunneled pleural catheter with cuff	7	0.099			4.17			90	15	15	10			30			20					
67	CURRENT	47505	Injection procedure for cholangiography through an existing catheter (eg,		0.011			0.76			56	5	5	5			36			5					
68	CURRENT	74305	Cholangiography and/or pancreatography; through existing					0.42			10														
69	CURRENT	47511	Introduction of percutaneous transhepatic stent for internal and		0.021			7.49			289	75					90			30					
70	CURRENT	75982	Percutaneous placement of drainage catheter for combined internal and					1.44			27														
71	SVY	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	42	0.093	3.00	4.20	5.40	6.95	10.00	105	25	10	10	15	30	45	60	120	15	1	5	10	20	100
72	REC				0.071			4.20			93	25	3	5			45			15					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
73																									
74																									
75						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
76	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
77	REF	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	19	0.102			2.86			60	20	5	5			20			10					
78	REF	32550	Insertion of indwelling tunneled pleural catheter with cuff	5	0.099			4.17			90	15	15	10			30			20					
79	CURRENT	47505	Injection procedure for cholangiography through an existing catheter (eg,		0.011			0.76			56	5	5	5			36			5					
80	CURRENT	74305	Cholangiography and/or pancreatography; through existing					0.42			10														
81	CURRENT	47525	Change of percutaneous biliary drainage catheter		0.041			1.54			55	19	1	5			20			10					
82	CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg,					0.72			15						15								
83	SVY	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	42	0.117	1.40	2.86	3.38	4.29	7.00	73	20	10	10	10	20	20	30	90	13	1	16	25	50	200
84	REC		current value		0.101			2.86			61	20	3	5			20			13					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
85																									
86																									
87						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
88	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
89	REF	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	11	0.052			2.00			60	15	5	5			25			10					
90	REF	49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	9	0.054			1.36			50	20	5	5			10			10					
91	CURRENT	47505	Injection procedure for cholangiography through an existing catheter (eg,		0.011			0.76			56	5	5	5			36			5					
92	CURRENT	74305	Cholangiography and/or pancreatography; through existing					0.42			10														
93	SVY	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	42	0.109	1.00	1.84	2.50	3.02	6.00	60	20	5	10	5	10	15	15	90	10	0	5	10	15	100
94	REC				0.073			1.84			52	18	3	6			15			10					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
95																									
96																									
97						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
98	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
99	REF	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	11	0.120			4.71			83	30	3	5			30			15					
100	REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	10	0.098			10.49			168	40	3	5			90			30					
101	CURRENT	47505	Injection procedure for cholangiography through an existing catheter (eg,		0.011			0.76			56	5	5	5			36			5					
102	CURRENT	74305	Cholangiography and/or pancreatography; through existing					0.42			10														
103	CURRENT	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without					0.88			18														
104	CURRENT	47525	Change of percutaneous biliary drainage catheter		0.041			1.54			55	19	1	5			20			10					
105	CURRENT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg,					0.72			15														
106	CURRENT	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary		0.075			8.55			184	30	10	20			89			35					
107	SVY	47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access	42	0.110	4.00	5.00	7.15	9.88	16.00	118	30	10	10	20	40	53	64	120	15	0	3	6	10	40
108	REC				0.073			5.00			106	30	3	5			53			15					
109																									

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
110																									
111																									
112						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
113	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
114	REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	10	0.098			10.49			168	40	3	5			90			30					
115	REF	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	6	0.104			11.00			168	40	3	5			90			30					
116	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration,		0.027			0.67			27	7					15			5					
117	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
118	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision					0.54			12														
119	CURRENT	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without					0.88			18														
120	CURRENT	47556	Biliary endoscopy, percutaneous via T-tube or other tract;with dilation of biliary		0.075			8.55			184	30	10	20			89			35					
121	SVY	47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	41	0.123	3.73	9.00	10.75	12.00	15.00	150	35	10	10	40	65	75	100	150	20	0	2	5	10	25
122	REC				0.103			9.00			136	33	3	5			75			20					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
123																									
124																									
125						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
126	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
127	REF	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	8	0.101			13.80			198	40	3	5			120			30					
128	REF	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	7	0.104			11.00			168	40	3	5			90			30					
129	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		0.027			0.67			27	7					15			5					
130	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
131	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation					0.54			12														
132	CURRENT	47510	Introduction of percutaneous transhepatic catheter for biliary drainage		0.013			4.93			217	24		25			55			17					
133	CURRENT	75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation					1.44			27														
134	CURRENT	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation					0.88			18														
135	CURRENT	47556	Biliary endoscopy, percutaneous via T-tube or other tract;with dilation of biliary duct stricture(s) with stent		0.075			8.55			184	30	10	20			89			35					
136	SVY	47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal 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)	42	0.112	4.25	9.28	11.00	13.80	16.00	158	33	10	10	40	70	85	120	180	20	0	2	5	10	40

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
137	REC				0.094	9.28					146	33	3	5			85			20					

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
138																									
139																									
140						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
141	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
142	REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	10	0.098			10.49			168	40	3	5			90			30					
143	REF	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;	4	0.109			5.00			99	33	3	5			33			25					
144	CURRENT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration,		0.027			0.67			27	7					15			5					
145	CURRENT	47500	Injection procedure for percutaneous transhepatic cholangiography		0.065			1.96			51	17					19			15					
146	CURRENT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision					0.54			12						12								
147	SVY	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	42	0.118	4.25	7.00	8.60	10.50	18.00	135	35	10	10	25	45	60	80	195	20	0	1	3	5	40
148	REC				0.095			7.00			121	33	3	5			60			20					

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
12	**ISSUE: Percutaneous Biliary Procedures Bundling**																								
13	**TAB: 4**																								
14						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**SURVEY EXPERIENCE**				
15	**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**
16	**REF**	**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)**	**10**	**0.092**			**3.73**			**42**	**1**					**40**			**1**					
17	**REF**	**37185**	**Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)**	**9**	**0.082**			**3.28**			**40**						**40**								
18	**CURRENT**	**74363**	**Percutaneous transhepatic dilation of biliary duct stricture with or without**					**0.88**			**18**														
19	**CURRENT**	**47555**	**Biliary endoscopy, percutaneous via T-tube or other tract;with dilation of biliary**		**0.094**			**7.55**	**8.43**		**135**	**21**		**25**			**68**			**21**					
20	**SVY**	**47531**	**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)**	**42**	**0.125**	**1.00**	**2.85**	**3.74**	**4.00**	**12.00**	**30**				**10**	**15**	**30**	**50**	**150**		**1**	**3**	**6**	**15**	**33**
21	**REC**	**47542**			**0.099**			**2.85**			**30**						**30**								

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
22																									
23																									
24																									
25						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
26	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
27	REF	37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	13	0.082			3.28			40						40								
28	REF	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)	9	0.092			3.73			42	1					40			1					
29	CURRENT	47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or		0.110			6.34			111	19		25			48			19					
30	CURRENT	76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health					0.17			5														
31	SVY	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)	42	0.127	1.50	3.00	3.80	4.00	12.00	30				10	15	30	45	150		0	2	5	13	40
32	REC	47543			0.100			3.00			30						30								

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
33																									
34																									
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
36	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
37	REF	37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	9	0.082			3.28			40						40								
38	REF	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)	8	0.097			7.80			82	1					80			1					
39	CURRENT	47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or		-0.037			4.51			274	27		25			52			22					
40	CURRENT	74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract,					0.70			14														
41	SVY	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)	32	0.122	2.00	3.95	5.50	8.00	16.40	45				10	25	45	75	200		0	2	3	5	35
42	REC	47544	direct crosswalk to 37185 and 92973		0.073			3.28			45						45								
43																									
44																									
45																									
46																									

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
15	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
47																									

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY						NON-FAC		
		1A	1B*	2A	2B*	3	4	5**	6A	6B*
	Total Pre-Service Time	**20**	**25**	**25**	**39**	**51**	**63**	**8**	**23**	**23**
	CATEGORY SUBTOTALS									
A	Pre-Service Evaluation (IWPUT =0.0224)	13	19	18	33	33	40	7	17	22
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	1	1	3	3	0	1	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	5	6	5	15	20	1	5	0
	DETAILS									
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	5	10	10	10	15	4	9	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	2	2	4	1	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	3	5	5	5	2	3	3
A	Communicate with other professionals	0	1	0	3	5	5	0	2	2
A	Check/set-up room, supplies and equipment	1	1	1	1	5	5	0	1	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	1	1	5	5	0	1	1
A	Prepare/ review/ confirm procedure	1	1	1	1	1	1	0	0	0
A	Administer moderate sedation/observe (wait) anesthesia care	0	5	0	10	0	0	0	0	5
B	Perform/ supervise patient positioning	1	1	1	1	3	3	0	1	1
C	Administer local/topical anesthesia	1	0	1	0	0	0	1	5	0
C	Observe (wait anesthesia care)	0	0	0	0	10	15	0	0	0
C	Dress and scrub for procedure	5	5	5	5	5	5	0	0	0

* Indicates packages that contain moderate sedation
**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1A Straightforward Patient/Straightforward Procedure (No sedation/anesthesia care)
1B* Straightforward Patient/Straightforward Procedure (With sedation/anesthesia care)
2A Difficult Patient/Straightforward Procedure (No sedation/anesthesia care)
2B* Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6A Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect
6B Procedure with sedation

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

*Roll-over cells for additional detail where available

***Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice**

*For building block IWPUT purposes whenever the procedure is on Appendix G – (Summary of CPT codes that include moderate (conscious) sedation) the IWPUT should be .0224 for the administration of moderate sedation line item because the physician is responsible for the administration of conscious sedation. If the procedure is one where conscious sedation is not inherent the same line item should have an IWPUT of .0081.

*Additional time may be justified for a straightforward patient undergoing a straightforward procedure (Package 1B), if the procedure is performed under general anesthesia and the surveys support

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/ Stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

						RVW					Total	PRE			INTRA					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
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
REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0								1							
HVD	55555	abc		0.053			5.00			133	17					27			8					1	1.0								1							
SVY	55555	abc		0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0								1							
REC	55555	abc		0.020			4.25			142	17	1	3			30			10										1	1.0			1							

Tab Number	Issue	Code Range
4	Percutaneous Biliary Procedures Bundling	475XX1-475XX14
5	Intracranial Endovascular Intervention	61640-61642
12	Abdominal Aorta Ultrasound Screening	767X1
13	Fluoroscopic Guidance	77001-77003
14	Moderate Sedation Services	991X1X-991X2X

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

September 8, 2015
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

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

9/04/2015
Date

CPT Code: 47531-47544
Specialty Society(‘s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: 000 **Meeting Date:** 10/2015

CPT Long Descriptor:
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

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)

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

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

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

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

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

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

47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access

47539 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter

47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal 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 Period: ZZZ **Meeting Date:** 10/2015

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)

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)

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)

---

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 and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this newly created CPT code.

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 the practice expense inputs for CPT code 47525, one of the components of the currently coded scenarios that is priced in the office. We also included the recently passed practice expense inputs for a comparable GU code, 5039X4, *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,* from the February 2015 PE meeting. We believe using both sets of data provides a good framework for our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are including pre service minutes for completing diagnostic forms. We believe our recommendation appropriately reflects the minimal use of clinical staff for that activity.

We are also requesting 6 minutes for cleaning the room, 3 minutes above the standard. These additional minutes are necessary considering these procedures generate external fluids, which require additional cleaning time. The clinical staff also needs time to clean the imaging equipment (in addition to the standard time to clean the angio room/equipment).

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
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
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Nurse administers conscious sedation and pre-procedure prophylactic antibiotics (as noted)
Assist physician in performing procedure
Assist in specimen collection processing. (x3, x4)
Monitor pt. following service/check tubes, monitors, drains not related to moderate sedation
Clean room/equipment by physician staff
Complete diagnostic forms, lab & X-ray requisitions
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions
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

CPT Code: 47531-47544
Specialty Society(‘s): SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: 000 **Meeting Date:** 010/2015

CPT Long Descriptor:
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

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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

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

47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; existing access

47539 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter

47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal 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 Period: ZZZ **Meeting Date:** 10/2015

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)

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)

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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:

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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 the practice expense inputs for CPT code 47525, one of the components of the currently coded scenarios that is priced in the office. We also included the recently passed practice expense inputs for a comparable GU code, X4 *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* from the February 2015 PE meeting. We believe using both sets of data provides a good framework for our recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are including pre service minutes for several activities. We believe our recommendation appropriately reflects the extensive 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:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent
Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1	**REVISED/APPROVED AT 04/2015 MEETING**			**Current Inputs**				**REFERENCE CODE Feb 2015**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47525**		**75984**		**5039X4**	
3				*Change of percutaneous biliary drainage catheter*		*Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation*		*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological*	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**						
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**86**	**23**	**31**	**0**	**286**	**30**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**23**	**3**	**0**	**7**	**30**
9		*L037D*	*RN/LPN/MTA*	*0*	*23*	*0*	*0*	*3*	*30*
10		*L041B*	*RadTech*	*0*		*3*		*4*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**86**	**0**	**28**	**0**	**276**	**0**
12		*L037D*	*RN/LPN/MTA*	*34*		*0*		*34*	
13		*L041B*	*RadTech*	*6*		*28*		*120*	
14		*L051A*	*RN*	*46*		*0*		*122*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**0**	**0**	**0**	**3**	**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		5			3	5
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10				10
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5				5
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						7
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3				3
23	Availability of prior images confirmed	L041B	RadTech			3		2	
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech					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	3				5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5				5	
32	Prepare room, equipment, supplies	L041B	RT	1		1		2	
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		1		2	
35	Sedate/apply anesthesia	L051A	RN	1				2	
36	Other Clinical Activity - specify:								
37	Intra-service								
38	Assist Physician in Performing Procedure (CS)	L051A	RN	20				60	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA	20					
40	Assist Physician in Performing Procedure	L041B	RT			12		60	
41	Acquire images (75%)	L041B	RT			9		45	
42	Circulator (25%)	L037D	RN/LPN/MTA					15	
43									
44	Post-Service								
45	Monitor pt. following moderate sedation	L051A	RN	15				15	
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	10				45	
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA						
48	Clean room/equipment by physician staff	L041B	RT	3		3		6	
49	Clean Scope								
50	Clean Surgical Instrument Package								
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA					3	

	A	B	C	D	E	F	G	H	I
1	**REVISED/APPROVED AT 04/2015 MEETING**			**Current Inputs**				**REFERENCE CODE Feb 2015**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47525**		**75984**		**5039X4**	
3				*Change of percutaneous biliary drainage catheter*		*Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation*		*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological*	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**						
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
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	
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT			2		2	
55	Review examination with interpreting MD	L041B	RT					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	RT					1	
57	Other Clinical Activity - *specify:*								
61	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1	**REVISED/APPROVED AT 04/2015 MEETING**			**Current Inputs**				**REFERENCE CODE Feb 2015**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47525**		**75984**		**5039X4**	
3				*Change of percutaneous biliary drainage catheter*		*Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation*		*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological*	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**						
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
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**
71	**Total Office Visit Time**			**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, conscious sedation	SA044	pack					1	
77	**Nephroureteral Catheter**	**NEW**	**item**					**1**	
78	**catheter, balloon, PTA**	**SD152**	**item**						
79	**Viabil covered biliary stent**	**NEW**	**item**						
80	**internal/external biliary catheter**	**NEW**	**item**						
81	**stone basket**	**NEW**							
82	Radial Jaw	NEW	item						
83	kit, iv starter	SA019	kit					1	
84	kit, suture removal	SA031	kit						
85	pack, cleaning and disinfecting, endoscope	SA042	pack					1	
86	tray, shave prep	SA067	tray					1	
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit					1	
88	cap, surgical	SB001	item					4	
89	cover-condom, transducer or ultrasound probe	SB005	item					1	
90	drape, sterile, femoral	SB009	item					1	
91	drape-towel, sterile 18inx26in	SB019	item					2	
92	gloves, non-sterile	SB022	pair						
93	gloves, sterile	SB024	pair					2	
94	gown, surgical, sterile	SB028	item					2	
95	mask, surgical	SB033	item					2	
96	mask, surgical, with face shield	SB034	item					2	
97	shoe covers, surgical	SB039	pair					4	
98	underpad 2ftx3ft (Chux)	SB044	item					1	
99	closed flush system, angiography	SC010	item					1	
100	needle, Chiba	SC035	item					1	
101	3 way stop cock (for irrigation)	SC049	item					1	
102	syringe 10-12ml	SC051	item					2	
103	syringe 60ml (for irrigation)	SC056	item					2	
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					2	
105	dilator, vessel, angiographic	SD043	item					2	
106	guidewire, hydrophilic	SD089	item					1	
107	guidewire, STIFF	SD090	item					1	
108	vascular sheath	SD136	item						
109	percutaneous catheter fastener (Percu-Stay)	SD146	item					1	
110	catheter, (Glide)	SD147	item					1	
111	catheter, balloon inflation device	SD149	item						
112	drainage catheter, all purpose	SD161	item					1	
113	pouch, nephrostomy-biliary drainage	SD163	item					1	
114	guidewire bowl w-lid, sterile	SD171	item					1	
115	blade, surgical (Bard-Parker)	SF007	item					1	
116	applicator, sponge-tipped	SG009	item					4	
117	dressing, 12-7mm (Gelfoam)	SG033	item						
118	gauze, sterile 4in x 4in	SG055	item					6	
119	tape, surgical paper 1in (Micropore)	SG079	item					12	
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10	
121	sodium chloride 0.9% flush syringe	SH065	item					2	

	A	B	C	D	E	F	G	H	I
1	**REVISED/APPROVED AT 04/2015 MEETING**			**Current Inputs**				**REFERENCE CODE Feb 2015**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47525**		**75984**		**5039X4**	
3				*Change of percutaneous biliary drainage catheter*		*Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation*		*Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological*	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**						
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item					1	
123	povidone soln (Betadine)	SJ041	ml					60	
124	cup, biopsy-specimen sterile 4oz	SL036	item					1	
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			1		1	
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item						
127	**EQUIPMENT**	**CODE**							
128	angiographic room	EL011		34		9		72	
129	portable ultrasound	EQ250						72	
130	light, exam	EQ168						72	
131	PACS Workstation Proxy	ED050				28		72	
132	table, instrument, mobile	EF027		82				312	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		82				312	
134	IV infusion pump	EQ032		82				312	
135	stretcher	EF018						312	
136									
137	*47505*								
138	*74305*								
139	*47500*								
140	*74320*								
141	*47510*								
142	*75980*								
143	*47511*								
144	*75982*								
145	*47525*								
146	*75984*								
147	*74363*								
148	*47556*								
149	*47555*								
150	*47553*								
151	*47630*								
152	*74327*								

	A	B	C	J	K	L	M	N	O
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**INPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47531**		**47532**		**47533**	
3				**cholangio - exist**		**cholangio - new**		**place ext - new**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**106**	**19**	**241**	**14**	**286**	**14**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**19**	**7**	**14**	**7**	**14**
9		*L037D*	*RN/LPN/MTA*	*3*	*19*	*3*	*14*	*3*	*14*
10		*L041B*	*RadTech*	*4*		*4*		*4*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**96**	**0**	**231**	**0**	**276**	**0**
12		*L037D*	*RN/LPN/MTA*	*53*		*30*		*34*	
13		*L041B*	*RadTech*	*41*		*94*		*120*	
14		*L051A*	*RN*	*2*		*107*		*122*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**0**	**3**	**0**	**3**	**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	3	3	3	3	3	3
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5		5		5
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5				
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3
23	Availability of prior images confirmed	L041B	RadTech	2		2		2	
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		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		3	
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5	
32	Prepare room, equipment, supplies	L041B	RT	2		2		2	
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2	
35	Sedate/apply anesthesia	L051A	RN	2		2		2	
36	Other Clinical Activity - specify:								
37	Intra-service								
38	Assist Physician in Performing Procedure (CS)	L051A	RN			45		60	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA	15					
40	Assist Physician in Performing Procedure	L041B	RT	15		45		60	
41	Acquire images (75%)	L041B	RT	11		34		45	
42	Circulator (25%)	L037D	RN/LPN/MTA	4		11		15	
43									
44	Post-Service								
45	Monitor pt. following moderate sedation	L051A	RN			15		15	
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45		45	
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	15					
48	Clean room/equipment by physician staff	L041B	RT	6		6		6	
49	Clean Scope								
50	Clean Surgical Instrument Package								
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3	

	A	B	C	J	K	L	M	N	O
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**INPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47531**		**47532**		**47533**	
3				**cholangio - exist**		**cholangio - new**		**place ext - new**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
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	
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2	
55	Review examination with interpreting MD	L041B	RT	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	RT	1		1		1	
57	Other Clinical Activity - *specify:*								
61	**End: Patient leaves office**								

	A	B	C	J	K	L	M	N	O
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**INPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47531**		**47532**		**47533**	
3				**cholangio - exist**		**cholangio - new**		**place ext - new**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
62	**POST-SERVICE Period**								
63	**Start: Patient leaves office/facility**								
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3	
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**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**	
76	pack, conscious sedation	SA044	pack			**1**		**1**	
77	**Nephroureteral Catheter**	**NEW**	**item**						
78	**catheter, balloon, PTA**	**SD152**	**item**						
79	**Viabil covered biliary stent**	**NEW**	**item**						
80	**internal/external biliary catheter**	**NEW**	**item**						
81	**stone basket**	**NEW**							
82	Radial Jaw	NEW	item						
83	kit, iv starter	SA019	kit			1		1	
84	kit, suture removal	SA031	kit						
85	pack, cleaning and disinfecting, endoscope	SA042	pack						
86	tray, shave prep	SA067	tray			1		1	
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit			1		1	
88	cap, surgical	SB001	item	4		4		4	
89	cover-condom, transducer or ultrasound probe	SB005	item			1		1	
90	drape, sterile, femoral	SB009	item	1		1		1	
91	drape-towel, sterile 18inx26in	SB019	item	2		2		2	
92	gloves, non-sterile	SB022	pair	3		3		3	
93	gloves, sterile	SB024	pair	2		2		2	
94	gown, surgical, sterile	SB028	item	2		2		2	
95	mask, surgical	SB033	item	2		2		2	
96	mask, surgical, with face shield	SB034	item	2		2		2	
97	shoe covers, surgical	SB039	pair	4		4		4	
98	underpad 2ftx3ft (Chux)	SB044	item	1		1		1	
99	closed flush system, angiography	SC010	item	1		1		1	
100	needle, Chiba	SC035	item						
101	3 way stop cock (for irrigation)	SC049	item	1		1		1	
102	syringe 10-12ml	SC051	item	2		2		2	
103	syringe 60ml (for irrigation)	SC056	item	2		2		2	
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2	
105	dilator, vessel, angiographic	SD043	item					2	
106	guidewire, hydrophilic	SD089	item					1	
107	guidewire, STIFF	SD090	item					1	
108	vascular sheath	SD136	item						
109	percutaneous catheter fastener (Percu-Stay)	SD146	item					1	
110	catheter, (Glide)	SD147	item					1	
111	catheter, balloon inflation device	SD149	item						
112	drainage catheter, all purpose	SD161	item					1	
113	pouch, nephrostomy-biliary drainage	SD163	item					1	
114	guidewire bowl w-lid, sterile	SD171	item	1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item			1		1	
116	applicator, sponge-tipped	SG009	item	4		4		4	
117	dressing, 12-7mm (Gelfoam)	SG033	item						
118	gauze, sterile 4in x 4in	SG055	item	6		6		6	
119	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12	
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10	
121	sodium chloride 0.9% flush syringe	SH065	item	2		2		2	

	A	B	C	J	K	L	M	N	O
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**INPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47531**		**47532**		**47533**	
3				**cholangio - exist**		**cholangio - new**		**place ext - new**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation;*		*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1	
123	povidone soln (Betadine)	SJ041	ml	60		60		60	
124	cup, biopsy-specimen sterile 4oz	SL036	item					1	
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			1		1	
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	3		3		3	
127	**EQUIPMENT**	**CODE**							
128	angiographic room	EL011		27		57		72	
129	portable ultrasound	EQ250				81		96	
130	light, exam	EQ168		51		81		96	
131	PACS Workstation Proxy	ED050		51		81		96	
132	table, instrument, mobile	EF027		87		297		312	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		87		297		312	
134	IV infusion pump	EQ032		87		297		312	
135	stretcher	EF018		87		297		312	
136				***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***
137	*47505*			*53%*	*44%*				
138	*74305*			*52%*	*45%*				
139	*47500*					*20%*	*79%*	*20%*	*79%*
140	*74320*					*22%*	*77%*	*22%*	*77%*
141	*47510*							*19%*	*80%*
142	*75980*							*20%*	*79%*
143	*47511*								
144	*75982*								
145	*47525*								
146	*75984*								
147	*74363*								
148	*47556*								
149	*47555*								
150	*47553*								
151	*47630*								
152	*74327*								

	A	B	C	P	Q	R	S	T	U
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**OUTPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47534**		**47535**		**47536**	
3				**place int/ext - new**		**ext => int/ext**		**exchange**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*		*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**310**	**14**	**241**	**19**	**136**	**19**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**14**	**7**	**19**	**7**	**19**
9		*L037D*	*RN/LPN/MTA*	*3*	*14*	*3*	*19*	*3*	*19*
10		*L041B*	*RadTech*	*4*		*4*		*4*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**300**	**0**	**231**	**0**	**126**	**0**
12		*L037D*	*RN/LPN/MTA*	*36*		*30*		*24*	
13		*L041B*	*RadTech*	*134*		*94*		*50*	
14		*L051A*	*RN*	*130*		*107*		*52*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**0**	**3**	**0**	**3**	**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	3	3	3	3	3	3
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5		5		5
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				5		5
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3
23	Availability of prior images confirmed	L041B	RadTech	2		2		2	
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		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		3	
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5	
32	Prepare room, equipment, supplies	L041B	RT	2		2		2	
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2	
35	Sedate/apply anesthesia	L051A	RN	2		2		2	
36	Other Clinical Activity - specify:								
37	Intra-service								
38	Assist Physician in Performing Procedure (CS)	L051A	RN	68		45		20	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA						
40	Assist Physician in Performing Procedure	L041B	RT	68		45		20	
41	Acquire images (75%)	L041B	RT	51		34		15	
42	Circulator (25%)	L037D	RN/LPN/MTA	17		11		5	
43									
44	Post-Service								
45	Monitor pt. following moderate sedation	L051A	RN	15		15		15	
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		45		15	
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA						
48	Clean room/equipment by physician staff	L041B	RT	6		6		6	
49	Clean Scope								
50	Clean Surgical Instrument Package								
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3	

	A	B	C	P	Q	R	S	T	U
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**OUTPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47534**		**47535**		**47536**	
3				**place int/ext - new**		**ext => int/ext**		**exchange**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*		*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
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	
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2	
55	Review examination with interpreting MD	L041B	RT	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	RT	1		1		1	
57	Other Clinical Activity - *specify:*								
61	**End: Patient leaves office**								

	A	B	C	P	Q	R	S	T	U
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**OUTPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47534**		**47535**		**47536**	
3				**place int/ext - new**		**ext => int/ext**		**exchange**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*		*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
62	**POST-SERVICE Period**								
63	**Start: Patient leaves office/facility**								
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3	
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**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**	
76	pack, conscious sedation	SA044	pack	**1**		**1**		**1**	
77	**Nephroureteral Catheter**	**NEW**	**item**						
78	**catheter, balloon, PTA**	**SD152**	**item**						
79	**Viabil covered biliary stent**	**NEW**	**item**						
80	**internal/external biliary catheter**	**NEW**	**item**	**1**		**1**		**1**	
81	**stone basket**	**NEW**							
82	Radial Jaw	NEW	item						
83	kit, iv starter	SA019	kit	1		1		1	
84	kit, suture removal	SA031	kit			1		1	
85	pack, cleaning and disinfecting, endoscope	SA042	pack						
86	tray, shave prep	SA067	tray	1		1		1	
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1					
88	cap, surgical	SB001	item	4		4		4	
89	cover-condom, transducer or ultrasound probe	SB005	item	1					
90	drape, sterile, femoral	SB009	item	1		1		1	
91	drape-towel, sterile 18inx26in	SB019	item	2		2		2	
92	gloves, non-sterile	SB022	pair	3		3		3	
93	gloves, sterile	SB024	pair	2		2		2	
94	gown, surgical, sterile	SB028	item	2		2		2	
95	mask, surgical	SB033	item	2		2		2	
96	mask, surgical, with face shield	SB034	item	2		2		2	
97	shoe covers, surgical	SB039	pair	4		4		4	
98	underpad 2ftx3ft (Chux)	SB044	item	1		1		1	
99	closed flush system, angiography	SC010	item	1		1		1	
100	needle, Chiba	SC035	item						
101	3 way stop cock (for irrigation)	SC049	item	1		1		1	
102	syringe 10-12ml	SC051	item	2		2		2	
103	syringe 60ml (for irrigation)	SC056	item	2		2		2	
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2	
105	dilator, vessel, angiographic	SD043	item	2					
106	guidewire, hydrophilic	SD089	item	1		1		1	
107	guidewire, STIFF	SD090	item	1		1		1	
108	vascular sheath	SD136	item						
109	percutaneous catheter fastener (Percu-Stay)	SD146	item	1		1		1	
110	catheter, (Glide)	SD147	item	1		1			
111	catheter, balloon inflation device	SD149	item						
112	drainage catheter, all purpose	SD161	item						
113	pouch, nephrostomy-biliary drainage	SD163	item	1		1		1	
114	guidewire bowl w-lid, sterile	SD171	item	1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item	1					
116	applicator, sponge-tipped	SG009	item	4		4		4	
117	dressing, 12-7mm (Gelfoam)	SG033	item						
118	gauze, sterile 4in x 4in	SG055	item	6		6		6	
119	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12	
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10	
121	sodium chloride 0.9% flush syringe	SH065	item	2		2		2	

	A	B	C	P	Q	R	S	T	U
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**OUTPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47534**		**47535**		**47536**	
3				**place int/ext - new**		**ext => int/ext**		**exchange**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and*		*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1	
123	povidone soln (Betadine)	SJ041	ml	60		60		60	
124	cup, biopsy-specimen sterile 4oz	SL036	item	1					
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1					
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	3		3		3	
127	**EQUIPMENT**	**CODE**							
128	angiographic room	EL011		80		57		32	
129	portable ultrasound	EQ250		104					
130	light, exam	EQ168		104		81		56	
131	PACS Workstation Proxy	ED050		104		81		56	
132	table, instrument, mobile	EF027		320		297		152	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		320		297		152	
134	IV infusion pump	EQ032		320		297		152	
135	stretcher	EF018		320		297		152	
136				***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***
137	*47505*					*53%*	*44%*	*53%*	*44%*
138	*74305*					*52%*	*45%*	*52%*	*45%*
139	*47500*			*20%*	*79%*				
140	*74320*			*22%*	*77%*				
141	*47510*								
142	*75980*								
143	*47511*			*21%*	*78%*	*21%*	*78%*		
144	*75982*			*21%*	*78%*	*21%*	*78%*		
145	*47525*							*63%*	*34%*
146	*75984*							*67%*	*30%*
147	*74363*								
148	*47556*								
149	*47555*								
150	*47553*								
151	*47630*								
152	*74327*								

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47537**		**47541**		**47538**	
3				**removal**		**rendevous**		**stent - exist**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy)*		*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*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**106**	**19**	**286**	**14**	**265**	**19**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**19**	**7**	**14**	**7**	**19**
9		*L037D*	*RN/LPN/MTA*	*3*	*19*	*3*	*14*	*3*	*19*
10		*L041B*	*RadTech*	*4*		*4*		*4*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**96**	**0**	**276**	**0**	**255**	**0**
12		*L037D*	*RN/LPN/MTA*	*53*		*34*		*32*	
13		*L041B*	*RadTech*	*41*		*120*		*108*	
14		*L051A*	*RN*	*2*		*122*		*115*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**0**	**3**	**0**	**3**	**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	3	3	3	3	3	3
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5		5		5
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		3
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5				5
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		3
23	Availability of prior images confirmed	L041B	RadTech	2		2		2	
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		2		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		3	
30	Obtain vital signs	L037D	RN/LPN/MTA	5		5		5	
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5		5	
32	Prepare room, equipment, supplies	L041B	RT	2		2		2	
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2		2	
35	Sedate/apply anesthesia	L051A	RN	2		2		2	
36	Other Clinical Activity - specify:								
37	Intra-service								
38	Assist Physician in Performing Procedure (CS)	L051A	RN			60		53	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA	15					
40	Assist Physician in Performing Procedure	L041B	RT	15		60		53	
41	Acquire images (75%)	L041B	RT	11		45		40	
42	Circulator (25%)	L037D	RN/LPN/MTA	4		15		13	
43									
44	Post-Service								
45	Monitor pt. following moderate sedation	L051A	RN			15		15	
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45		45	
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	15					
48	Clean room/equipment by physician staff	L041B	RT	6		6		6	
49	Clean Scope								
50	Clean Surgical Instrument Package								
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3		3	

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47537**		**47541**		**47538**	
3				**removal**		**rendevous**		**stent - exist**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy)*		*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*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
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	
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2		2	
55	Review examination with interpreting MD	L041B	RT	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	RT	1		1		1	
57	Other Clinical Activity - *specify:*								
61	**End: Patient leaves office**								

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47537**		**47541**		**47538**	
3				**removal**		**rendevous**		**stent - exist**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy)*		*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*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
62	**POST-SERVICE Period**								
63	**Start: Patient leaves office/facility**								
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3	
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**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**	
76	pack, conscious sedation	SA044	pack			**1**		**1**	
77	**Nephroureteral Catheter**	**NEW**	**item**						
78	**catheter, balloon, PTA**	**SD152**	**item**					**2**	
79	**Viabil covered biliary stent**	**NEW**	**item**					**1**	
80	**internal/external biliary catheter**	**NEW**	**item**					**1**	
81	**stone basket**	**NEW**							
82	Radial Jaw	NEW	item						
83	kit, iv starter	SA019	kit			1		1	
84	kit, suture removal	SA031	kit	1				1	
85	pack, cleaning and disinfecting, endoscope	SA042	pack						
86	tray, shave prep	SA067	tray			1		1	
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit			1			
88	cap, surgical	SB001	item	4		4		4	
89	cover-condom, transducer or ultrasound probe	SB005	item			1			
90	drape, sterile, femoral	SB009	item	1		1		1	
91	drape-towel, sterile 18inx26in	SB019	item	2		2		2	
92	gloves, non-sterile	SB022	pair	3		3		3	
93	gloves, sterile	SB024	pair	2		2		2	
94	gown, surgical, sterile	SB028	item	2		2		2	
95	mask, surgical	SB033	item	2		2		2	
96	mask, surgical, with face shield	SB034	item	2		2		2	
97	shoe covers, surgical	SB039	pair	4		4		4	
98	underpad 2ftx3ft (Chux)	SB044	item	1		1		1	
99	closed flush system, angiography	SC010	item	1		1		1	
100	needle, Chiba	SC035	item						
101	3 way stop cock (for irrigation)	SC049	item	1		1		1	
102	syringe 10-12ml	SC051	item	2		2		2	
103	syringe 60ml (for irrigation)	SC056	item	2		2		2	
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2		2	
105	dilator, vessel, angiographic	SD043	item			2			
106	guidewire, hydrophilic	SD089	item			1		1	
107	guidewire, STIFF	SD090	item	1		1		1	
108	vascular sheath	SD136	item					1	
109	percutaneous catheter fastener (Percu-Stay)	SD146	item					1	
110	catheter, (Glide)	SD147	item			1		1	
111	catheter, balloon inflation device	SD149	item					1	
112	drainage catheter, all purpose	SD161	item						
113	pouch, nephrostomy-biliary drainage	SD163	item					1	
114	guidewire bowl w-lid, sterile	SD171	item	1		1		1	
115	blade, surgical (Bard-Parker)	SF007	item			1			
116	applicator, sponge-tipped	SG009	item	4		4		4	
117	dressing, 12-7mm (Gelfoam)	SG033	item						
118	gauze, sterile 4in x 4in	SG055	item	6		6		6	
119	tape, surgical paper 1in (Micropore)	SG079	item	12		12		12	
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10		10	
121	sodium chloride 0.9% flush syringe	SH065	item	2		2		2	

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED/APPROVED AT 04/2015 MEETING**			**OUTPATIENT**		**INPATIENT**		**OUTPATIENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47537**		**47541**		**47538**	
3				**removal**		**rendevous**		**stent - exist**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy)*		*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*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1		1	
123	povidone soln (Betadine)	SJ041	ml	60		60		60	
124	cup, biopsy-specimen sterile 4oz	SL036	item						
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			1			
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	3		3		3	
127	**EQUIPMENT**	**CODE**							
128	angiographic room	EL011		27		72		65	
129	portable ultrasound	EQ250				96			
130	light, exam	EQ168		51		96		89	
131	PACS Workstation Proxy	ED050		51		96		89	
132	table, instrument, mobile	EF027		87		312		305	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		87		312		305	
134	IV infusion pump	EQ032		87		312		305	
135	stretcher	EF018		87		312		305	
136				***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***
137	*47505*			*53%*	*44%*			*53%*	*44%*
138	*74305*			*52%*	*45%*			*52%*	*45%*
139	*47500*					*20%*	*79%*		
140	*74320*					*22%*	*77%*		
141	*47510*								
142	*75980*								
143	*47511*								
144	*75982*								
145	*47525*							*63%*	*34%*
146	*75984*							*67%*	*30%*
147	*74363*							*42%*	*58%*
148	*47556*							*34%*	*65%*
149	*47555*								
150	*47553*								
151	*47630*								
152	*74327*								

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**INPATIENT**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47539**		**47540**		**47542**	
3				**stent-new w/o cath**		**stent-new w/cath**		**dilation**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*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*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7	**TOTAL CLINICAL LABOR TIME**			**331**	**14**	**361**	**14**	**90**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**7**	**14**	**7**	**14**	**0**	**0**
9		*L037D*	*RN/LPN/MTA*	*3*	*14*	*3*	*14*	*0*	*0*
10		*L041B*	*RadTech*	*4*		*4*		*0*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**321**	**0**	**351**	**0**	**90**	**0**
12		*L037D*	*RN/LPN/MTA*	*38*		*40*		*7*	
13		*L041B*	*RadTech*	*146*		*164*		*53*	
14		*L051A*	*RN*	*137*		*147*		*30*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**0**	**3**	**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	3	3	3	3		
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA		5		5		
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3		
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3		
23	Availability of prior images confirmed	L041B	RadTech	2		2			
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech	2		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	L037D	RN/LPN/MTA	5		5			
32	Prepare room, equipment, supplies	L041B	RT	2		2			
33	Setup scope (non facility setting only)								
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT	2		2			
35	Sedate/apply anesthesia	L051A	RN	2		2			
36	Other Clinical Activity - specify:								
37	Intra-service								
38	Assist Physician in Performing Procedure (CS)	L051A	RN	75		85		30	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA						
40	Assist Physician in Performing Procedure	L041B	RT	75		85		30	
41	Acquire images (75%)	L041B	RT	56		64		23	
42	Circulator (25%)	L037D	RN/LPN/MTA	19		21		7	
43									
44	Post-Service								
45	Monitor pt. following moderate sedation	L051A	RN	15		15			
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN	45		45			
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA						
48	Clean room/equipment by physician staff	L041B	RT	6		6			
49	Clean Scope								
50	Clean Surgical Instrument Package								
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3		3			

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**INPATIENT**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47539**		**47540**		**47542**	
3				**stent-new w/o cath**		**stent-new w/cath**		**dilation**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*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*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
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			
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT	2		2			
55	Review examination with interpreting MD	L041B	RT	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	RT	1		1			
57	Other Clinical Activity - *specify:*								
61	**End: Patient leaves office**								

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**INPATIENT**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47539**		**47540**		**47542**	
3				**stent-new w/o cath**		**stent-new w/cath**		**dilation**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*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*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
62	**POST-SERVICE Period**								
63	**Start: Patient leaves office/facility**								
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3			
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**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**			
76	pack, conscious sedation	SA044	pack	**1**		**1**			
77	**Nephroureteral Catheter**	**NEW**	**item**						
78	**catheter, balloon, PTA**	**SD152**	**item**	**2**		**2**		**1**	
79	**Viabil covered biliary stent**	**NEW**	**item**	**1**		**1**			
80	**internal/external biliary catheter**	**NEW**	**item**	**1**		**1**			
81	**stone basket**	**NEW**							
82	Radial Jaw	NEW	item						
83	kit, iv starter	SA019	kit	1		1			
84	kit, suture removal	SA031	kit						
85	pack, cleaning and disinfecting, endoscope	SA042	pack						
86	tray, shave prep	SA067	tray	1		1			
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1		1			
88	cap, surgical	SB001	item	4		4			
89	cover-condom, transducer or ultrasound probe	SB005	item	1		1			
90	drape, sterile, femoral	SB009	item	1		1			
91	drape-towel, sterile 18inx26in	SB019	item	2		2			
92	gloves, non-sterile	SB022	pair	3		3			
93	gloves, sterile	SB024	pair	2		2			
94	gown, surgical, sterile	SB028	item	2		2			
95	mask, surgical	SB033	item	2		2			
96	mask, surgical, with face shield	SB034	item	2		2			
97	shoe covers, surgical	SB039	pair	4		4			
98	underpad 2ftx3ft (Chux)	SB044	item	1		1			
99	closed flush system, angiography	SC010	item	1		1			
100	needle, Chiba	SC035	item						
101	3 way stop cock (for irrigation)	SC049	item	1		1			
102	syringe 10-12ml	SC051	item	2		2			
103	syringe 60ml (for irrigation)	SC056	item	2		2			
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2			
105	dilator, vessel, angiographic	SD043	item	2		2			
106	guidewire, hydrophilic	SD089	item	1		1			
107	guidewire, STIFF	SD090	item	1		1			
108	vascular sheath	SD136	item	1		1		1	
109	percutaneous catheter fastener (Percu-Stay)	SD146	item			1			
110	catheter, (Glide)	SD147	item	1		1			
111	catheter, balloon inflation device	SD149	item	1		1		1	
112	drainage catheter, all purpose	SD161	item						
113	pouch, nephrostomy-biliary drainage	SD163	item			1			
114	guidewire bowl w-lid, sterile	SD171	item	1		1			
115	blade, surgical (Bard-Parker)	SF007	item	1		1			
116	applicator, sponge-tipped	SG009	item	4		4			
117	dressing, 12-7mm (Gelfoam)	SG033	item	1					
118	gauze, sterile 4in x 4in	SG055	item	6		6			
119	tape, surgical paper 1in (Micropore)	SG079	item	12		12			
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10			
121	sodium chloride 0.9% flush syringe	SH065	item	2		2			

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED/APPROVED AT 04/2015 MEETING**			**INPATIENT**		**INPATIENT**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47539**		**47540**		**47542**	
3				**stent-new w/o cath**		**stent-new w/cath**		**dilation**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange or removal when performed, and all associated*		*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*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1			
123	povidone soln (Betadine)	SJ041	ml	60		60			
124	cup, biopsy-specimen sterile 4oz	SL036	item					1	
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1		1			
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	3		3			
127	**EQUIPMENT**	**CODE**							
128	angiographic room	EL011		87		97		30	
129	portable ultrasound	EQ250		111		121			
130	light, exam	EQ168		111		121		30	
131	PACS Workstation Proxy	ED050		111		121		30	
132	table, instrument, mobile	EF027		327		337		30	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		327		337		30	
134	IV infusion pump	EQ032		327		337		30	
135	stretcher	EF018		327		337		30	
136				***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***
137	*47505*								
138	*74305*								
139	*47500*			*20%*	*79%*	*20%*	*79%*		
140	*74320*			*22%*	*77%*	*22%*	*77%*		
141	*47510*					*19%*	*80%*		
142	*75980*					*20%*	*79%*		
143	*47511*								
144	*75982*								
145	*47525*								
146	*75984*								
147	*74363*			*42%*	*58%*	*42%*	*58%*	*42%*	*58%*
148	*47556*			*34%*	*65%*	*34%*	*65%*		
149	*47555*							*51%*	*47%*
150	*47553*								
151	*47630*								
152	*74327*								

	A	B	C	AH	AI	AJ	AK
1	**REVISED/APPROVED AT 04/2015 MEETING**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47543**		**47544**	
3				**biopsy**		**stone removal**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7	**TOTAL CLINICAL LABOR TIME**			**90**	**0**	**135**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
9		*L037D*	*RN/LPN/MTA*	*0*	*0*	*0*	*0*
10		*L041B*	*RadTech*	*0*		*0*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**90**	**0**	**135**	**0**
12		*L037D*	*RN/LPN/MTA*	*7*		*11*	
13		*L041B*	*RadTech*	*53*		*79*	
14		*L051A*	*RN*	*30*		*45*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**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				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA				
23	Availability of prior images confirmed	L041B	RadTech				
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	RadTech				
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				
30	Obtain vital signs	L037D	RN/LPN/MTA				
31	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
32	Prepare room, equipment, supplies	L041B	RT				
33	Setup scope (non facility setting only)						
34	Prepare and position patient/ monitor patient/ set up IV	L041B	RT				
35	Sedate/apply anesthesia	L051A	RN				
36	Other Clinical Activity - specify:						
37	Intra-service						
38	Assist Physician in Performing Procedure (CS)	L051A	RN	30		45	
39	Assist Physician in Performing Procedure	L037D	RN/LPN/MTA				
40	Assist Physician in Performing Procedure	L041B	RT	30		45	
41	Acquire images (75%)	L041B	RT	23		34	
42	Circulator (25%)	L037D	RN/LPN/MTA	7		11	
43							
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)	L051A	RN				
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA				
48	Clean room/equipment by physician staff	L041B	RT				
49	Clean Scope						
50	Clean Surgical Instrument Package						
51	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA				

	A	B	C	AH	AI	AJ	AK
1	**REVISED/APPROVED AT 04/2015 MEETING**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47543**		**47544**	
3				**biopsy**		**stone removal**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
52	Review/read X-ray, lab, and pathology reports						
53	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA				
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	RT				
55	Review examination with interpreting MD	L041B	RT				
56	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	RT				
57	Other Clinical Activity - *specify:*						
61	**End: Patient leaves office**						

	A	B	C	AH	AI	AJ	AK
1	**REVISED/APPROVED AT 04/2015 MEETING**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47543**		**47544**	
3				**biopsy**		**stone removal**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
62	**POST-SERVICE Period**						
63	**Start: Patient leaves office/facility**						
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA				
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**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				
76	pack, conscious sedation	SA044	pack				
77	**Nephroureteral Catheter**	**NEW**	**item**				
78	**catheter, balloon, PTA**	**SD152**	**item**			**1**	
79	**Viabil covered biliary stent**	**NEW**	**item**				
80	**internal/external biliary catheter**	**NEW**	**item**				
81	**stone basket**	**NEW**		**1**			
82	Radial Jaw	NEW	item	1			
83	kit, iv starter	SA019	kit				
84	kit, suture removal	SA031	kit				
85	pack, cleaning and disinfecting, endoscope	SA042	pack				
86	tray, shave prep	SA067	tray				
87	kit, AccuStick II Introducer System with RO Marker	SA071	kit				
88	cap, surgical	SB001	item				
89	cover-condom, transducer or ultrasound probe	SB005	item				
90	drape, sterile, femoral	SB009	item				
91	drape-towel, sterile 18inx26in	SB019	item				
92	gloves, non-sterile	SB022	pair				
93	gloves, sterile	SB024	pair				
94	gown, surgical, sterile	SB028	item				
95	mask, surgical	SB033	item				
96	mask, surgical, with face shield	SB034	item				
97	shoe covers, surgical	SB039	pair				
98	underpad 2ftx3ft (Chux)	SB044	item				
99	closed flush system, angiography	SC010	item				
100	needle, Chiba	SC035	item				
101	3 way stop cock (for irrigation)	SC049	item				
102	syringe 10-12ml	SC051	item				
103	syringe 60ml (for irrigation)	SC056	item				
104	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item				
105	dilator, vessel, angiographic	SD043	item				
106	guidewire, hydrophilic	SD089	item				
107	guidewire, STIFF	SD090	item				
108	vascular sheath	SD136	item	1		1	
109	percutaneous catheter fastener (Percu-Stay)	SD146	item				
110	catheter, (Glide)	SD147	item				
111	catheter, balloon inflation device	SD149	item			1	
112	drainage catheter, all purpose	SD161	item				
113	pouch, nephrostomy-biliary drainage	SD163	item				
114	guidewire bowl w-lid, sterile	SD171	item				
115	blade, surgical (Bard-Parker)	SF007	item				
116	applicator, sponge-tipped	SG009	item				
117	dressing, 12-7mm (Gelfoam)	SG033	item				
118	gauze, sterile 4in x 4in	SG055	item				
119	tape, surgical paper 1in (Micropore)	SG079	item				
120	lidocaine 1%-2% inj (Xylocaine)	SH047	ml				
121	sodium chloride 0.9% flush syringe	SH065	item				

	A	B	C	AH	AI	AJ	AK
1	**REVISED/APPROVED AT 04/2015 MEETING**						
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**47543**		**47544**	
3				**biopsy**		**stone removal**	
4	**Meeting Date: October** 2015 **Tab:** 6 Biliary Procedures Bundling **Specialty:** SIR, ACR	**CMS Code**	**Staff Type**	*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*		*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)*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
122	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item				
123	povidone soln (Betadine)	SJ041	ml				
124	cup, biopsy-specimen sterile 4oz	SL036	item				
125	disinfectant, surface (Envirocide, Sanizide)	SM013	oz				
126	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item				
127	**EQUIPMENT**	**CODE**					
128	angiographic room	EL011		30		45	
129	portable ultrasound	EQ250					
130	light, exam	EQ168		30		45	
131	PACS Workstation Proxy	ED050		30		45	
132	table, instrument, mobile	EF027		30		45	
133	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		30		45	
134	IV infusion pump	EQ032		30		45	
135	stretcher	EF018		30		45	
136				***Outpatient***	***Inpatient***	***Outpatient***	***Inpatient***
137	*47505*						
138	*74305*						
139	*47500*						
140	*74320*						
141	*47510*						
142	*75980*						
143	*47511*						
144	*75982*						
145	*47525*						
146	*75984*						
147	*74363*						
148	*47556*						
149	*47555*						
150	*47553*			*27%*	*72%*		
151	*47630*					*46%*	*53%*
152	*74327*					*48%*	*51%*

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2015

Reflectance Confocal Microscopy

In February 2015, the CPT Editorial panel established six new Category I codes to describe reflectance confocal microscopy (RCM) for imaging of skin.

At the April 2015 RUC meeting, following the RUC's review and acceptance of physician work and direct practice expense, new information was brought to the attention of the RUC which called into question how much physician work and clinical labor are typically part of these six services. The identified source, the vendor's SEC 10-K Annual Report for the period ending 12/31/2013, included information which alluded to the physician work and clinical labor of a similar procedure possibly taking different time than the estimates originally presented to the RUC. Furthermore, it was also called into question if there were other devices used to perform this service that the RUC was unaware of at the April 2015 RUC meeting and that may necessitate a revised coding structure. The presenters who would have been able to offer an informed opinion on this document were no longer at the meeting when the issue was raised. Therefore, at the time, the RUC requested that the specialty re-survey this family of services and resubmit physician work and direct practice expense recommendations for the October 2015 RUC meeting.

The American Academy of Dermatology Association (AADA) appealed the RUC's recommendation to contractor-price these services and re-survey for October 2015. AADA requested that the RUC reconsider its previous recommendation to resurvey these services for October 2015, but to present the valid survey data from April 2015.

The RUC organized an Ad Hoc Appeals Committee to review the appeal and make a recommendation. The Appeals Committee noted the concerns about using these codes to report RCM using a handheld device and agreed with the specialty society to submit a parenthetical request to the CPT Editorial Panel to prevent this use as well as develop an education CPT Assistant article. The Appeals Committee noted that the RUC's primary concern in April was regarding defining the physician work versus clinical staff work for image acquisition and physician time to perform image review and interpretation. The Committee noted that another targeted survey, most likely to the same individuals, would not produce significantly different results. Therefore, it is appropriate that the specialty society present the survey data from April 2015.

On June 11 2015, the Ad Hoc Appeals Committee recommended for the RUC to reconsider its April 2015 recommendation for Reflectance Confocal Microscopy (RCM) codes 96931-96936 and that the RUC consider the AADA request to return to the October 2015 RUC meeting, present the April 2015 survey data with additional information in response to the SEC 10-K report and the RUC to make work and practice expense recommendations. The Ad Hoc Appeals Committee also supported the specialty society's submission to the CPT Editorial Panel to create parentheticals and a CPT Assistant article to foster correct reporting of these services.

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At the October 2015 CPT Editorial Panel meeting, the Panel approved the following CPT Introductory Guideline to prevent the use of 96931-96936 with the screening handheld device:

> Codes 96931-96936 describe the acquisition and/or diagnostic interpretation of the device generated stitched image mosaics related to a single lesion. Do not report 96931-96936 for a reflectance confocal microscopy examination that does not produce mosaic images. For services rendered using reflectance confocal microscopy not generating mosaic images, use 96999.

96931 ***Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion***
The RUC reviewed the survey results from 38 dermatologists and dermatopathologists and agreed with the following physician time components: pre-service time of 3 minutes, intra-service time of 25 minutes, and post-service time of 0 minutes.

The specialty society noted when a dermatologist identifies a lesion of concern, in lieu of biopsying the lesion, the dermatologist may order a reflectance confocal microscopy study. The image acquisition entails a nurse or technologist acquiring a series of 0.5mm by 0.5mm images then the machine's software stitches those images together to form a mosaic image so a lesion of up to 8mm in diameter can be reviewed. Several layers of the skin are imaged in this fashion and reviewed by the dermatopathologist or pathologist, including: the stratum corneum, the stratum granulosum, the stratum spinosum, the epidermal interface and the superficial dermis. Reading these images requires a great deal of skill to interpret.

To determine an appropriate work value for 96931, the RUC reviewed the survey respondents' estimated physician work value and agreed the respondents overestimated the physician work with the 25th percentile work RVU of 0.90. The specialty society noted and the RUC agreed that the physician work for 96931 and 96933 are identical and therefore should be valued the same. Therefore, the RUC also reviewed the 25th percentile work RVU of 0.80 from survey code 96933 and agreed that this value appropriately accounts for the physician work involved for both 96931 and 96933. To justify a work RVU of 0.80, the RUC reviewed top key reference code 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU=0.75, intra-service time of 25 minutes) and noted both services have identical intra-service time, whereas the survey code has more total time (28 minutes vs 25 minutes), justifying a somewhat higher work value for 96931. To further support a work RVU of 0.80, the RUC reviewed CPT code 43752 *Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)* (work RVU= 0.81, intra-service time of 20 minutes and total time of 30 minutes) and noted that both codes have similar intensities, while the survey code has more intra-service time and the reference code has more total time. The RUC agreed that both services should be valued similarly. **The RUC recommends a work RVU of 0.80 for CPT code 96931.**

96933 ***Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report, first lesion***
The RUC reviewed the survey results from 38 dermatologists and dermatopathologists and agreed with the following physician time components: pre-service time of 3 minutes, intra-service time of 25 minutes, and post-service time of 0 minutes.

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The specialty society noted when a dermatologist identifies a lesion of concern, in lieu of biopsying the lesion, the dermatologist may order a reflectance confocal microscopy study. The image acquisition entails a nurse or technologist acquiring a series of 0.5mm by 0.5mm images then the machine's software stitches those images together to form a mosaic image so a lesion of up to 8mm in diameter can be reviewed. Several layers of the skin are imaged in this fashion and reviewed by the dermatopathologist or pathologist, including: the stratum corneum, the stratum granulosum, the stratum spinosum, the epidermal interface and the superficial dermis. Reading these images requires a great deal of skill to interpret.

To determine an appropriate work value for 96933, the RUC reviewed the survey respondents' 25th percentile work value of 0.80 and agreed this value appropriately accounts for the physician work involved. The specialty society noted and the RUC agreed that the physician work for 96931 and 96933 are identical and therefore should be valued the same. To justify a work RVU of 0.80, the RUC reviewed top key reference code 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU=0.75, intra-service time of 25 minutes) and noted both services have identical intra-service time, whereas the survey code has more total time (28 minutes vs 25 minutes), justifying a somewhat higher work value for 96931. To further support a work RVU of 0.80, the RUC reviewed CPT code 43752 *Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)* (work RVU= 0.81, intra-service time of 20 minutes and total time of 30 minutes) and noted that both codes have similar intensities, while the survey code has more intra-service time and the reference code has more total time. The RUC agreed that both services should be valued similarly. **The RUC recommends a work RVU of 0.80 for CPT code 96933.**

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 primary procedure)***

The RUC reviewed the survey results from 36 dermatologists and dermatopathologists and agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 25 minutes, and post-service time of 0 minutes.

The specialty society noted when a dermatologist identifies a lesion of concern, in lieu of biopsying the lesion, the dermatologist may order a reflectance confocal microscopy study. The image acquisition entails a nurse or technologist acquiring a series of 0.5mm by 0.5mm images then the machine's software stitches those images together to form a mosaic image so a lesion of up to 8mm in diameter can be reviewed. Several layers of the skin are imaged in this fashion and reviewed by the dermatopathologist or pathologist, including: the stratum corneum, the stratum granulosum, the stratum spinosum, the epidermal interface and the superficial dermis. Reading these images requires a great deal of skill to interpret.

To determine an appropriate work value for 96934, the RUC reviewed the survey respondents' estimated physician work value and agreed the respondents somewhat overestimated the physician work with the 25th percentile work RVU of 0.79. The specialty society noted and the RUC

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agreed that the physician work for 96934 and 96936 are identical and therefore should be valued the same. Therefore, the RUC also reviewed the 25th percentile work RVU of 0.76 from survey code 96933 and agreed that this value appropriately accounts for the physician work involved for both 96934 and 96936. To justify a work RVU of 0.76, the RUC reviewed top key reference code 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU=0.75, intra-service time of 25 minutes) and noted both services have identical intra-service time and total time, justifying a similar work value for both services. To further support a work RVU of 0.76, the RUC reviewed CPT code 43752 *Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)* (work RVU= 0.81, intra-service time of 20 minutes and total time of 30 minutes) and noted that both codes have similar intensities, while the survey code has more intra-service time and the reference code has more total time. The RUC agreed that both services should be valued similarly. **The RUC recommends a work RVU of 0.76 for CPT code 96934.**

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 primary procedure)***

The RUC reviewed the survey results from 37 dermatologists and dermatopathologists and agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 25 minutes, and post-service time of 0 minutes.

The specialty society noted when a dermatologist identifies a lesion of concern, in lieu of biopsying the lesion, the dermatologist may order a reflectance confocal microscopy study. The image acquisition entails a nurse or technologist acquiring a series of 0.5mm by 0.5mm images then the machine's software stitches those images together to form a mosaic image so a lesion of up to 8mm in diameter can be reviewed. Several layers of the skin are imaged in this fashion and reviewed by the dermatopathologist or pathologist, including: the stratum corneum, the stratum granulosum, the stratum spinosum, the epidermal interface and the superficial dermis. Reading these images requires a great deal of skill to interpret.

To determine an appropriate work value for 96936, the RUC reviewed the survey respondents' 25th percentile work value of 0.76 and agreed this value appropriately accounts for the physician work involved. The specialty society noted and the RUC agreed that the physician work for 96934 and 96936 are identical and therefore should be valued the same. To justify a work RVU of 0.76, the RUC reviewed top key reference code 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU=0.75, intra-service time of 25 minutes) and noted both services have identical intra-service time and total time, justifying a similar work value for both services. To further support a work RVU of 0.76, the RUC reviewed CPT code 43752 *Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)* (work RVU= 0.81, intra-service time of 20 minutes and total time of 30 minutes) and noted that both codes have similar intensities, while the survey code has more intra-service time and the reference code has more total time. The RUC agreed that both services should be valued similarly. **The RUC recommends a work RVU of 0.76 for CPT code 96936.**

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Practice Expense
The practice expense for this issue was reviewed and approved at the previous RUC meeting. At that time the PE Subcommittee discussed at length the 2 minutes of time to *review imaging with interpreting physician.* The PE Subcommittee agreed to leave the time in because for the typical patient the physician doing the imaging and the physician interpreting the imaging are not the same person and the clinical staff needs time to review and verify that the interpreting physician has all the information needed. In addition, the PE Subcommittee allowed one modification at the October 2015 RUC meeting because CMS was concerned about the invoice to price the imaging tray. The invoice shows one price for the tray; however the specialty had itemized the contents of the imaging tray on the PE spreadsheet. The specialty revised the spreadsheet to remove the items of the tray and instead include one line item for *Imaging Tray*. **The RUC reviewed and approved the direct practice expense inputs with modifications at the April 2015 RUC meeting.**

New Technology
The 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.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Medicine** **Special Dermatological Procedures** Codes 96931-96936 describe the acquisition and/or diagnostic interpretation of the device generated stitched image mosaics related to a single lesion. Do not report 96931-96936 for a reflectance confocal microscopy examination that does not produce mosaic images. For services rendered using reflectance confocal microscopy not generating mosaic images, use 96999.				
●96931	BB1	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	XXX	0.80

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●96932	BB2	image acquisition only, first lesion	XXX	N/A (PE Only)
●96933	BB3	interpretation and report only, first lesion	XXX	0.80
✚●96934	BB4	image acquisition and interpretation and report, each additional lesion (List separately in addition to primary procedure) (Use 96934 in conjunction with 96931)	ZZZ	0.76
✚●96935	BB5	image acquisition only, each additional lesion (List separately in addition to primary procedure) (Use 96935 in conjunction with 96932)	ZZZ	N/A (PE Only)
✚●96936	BB6	interpretation and report only, each additional lesion (List separately in addition to primary procedure) (Use 96936 in conjunction with 96933)	ZZZ	0.76

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96931 Tracking Number BB1 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a history of non-melanoma skin cancer and melanoma and multiple atypical moles is found to have a lesion with one or more clinical and/or historical characteristics highly suggestive of melanoma or other non-melanoma skin cancer. Reflectance confocal microscopy is ordered by the examining dermatologist.

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: The physician reviews the clinical history and referral information.

Description of Intra-Service Work: The imaged lesion appears in a list in the software. The lesion is selected for interpretation by the physician. The physician logs into the HIPAA compliant software using a computer with a high resolution graphics card and significant memory for rapid image loading and positioning, clicks on a photo of the lesion, and reviews the pictures and the clinical information. He/she opens up the confocal images in software optimized for viewing RCM images and reviews each mosaic (up to five 8x8mm slices).A diagnostic report is completed. The report would include, in addition to a narrative description, a database link to RCM features related to the diagnosis. These terms can easily be searched to locate specific patients, diseases/condition types, diagnoses, or lesion locations (for example, if a physician wanted to pull up all patient records for lesions on the face diagnosed as melanoma, this would be possible) to optimize the physician's participation in registries that are evolving to meet requirements for quality and outcome measures that are becoming part of the practice of medicine. Finally, representative images are added to the report as appropriate. It is electronically signed and is ready for the interpreting physician to print and discuss with the referring physician. The report is digitally linked to the patient and the specific lesion/images that it corresponds to and is stored as a file at the datacenter for future retrieval.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Mark Kaufmann, MD; Harold Rabinovitz, MD; Jane Grant-Kels, MD		
Specialty(s):	AAD		
CPT Code:	96931		
Sample Size:	72	**Resp N:** 38	**Response:** 52.7 %
Description of Sample:	List of trained users supplied by the manufacturer.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**11.00**	58.00	500.00
Survey RVW:	0.45	0.90	**1.15**	2.00	25.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**25.00**	34.00	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)

XXX Global Code

CPT Code:	96931	**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:		**3.00**	**0.00**	**3.00**
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:	**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? Yes

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
17315	XXX	0.87	**RUC Time**

CPT Descriptor 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

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
92002	XXX	0.88	**RUC Time**	223,037

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	3,126,033

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
93925	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; 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: 10 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96931	Top Key Reference CPT Code: 88305	2nd Key Reference CPT Code: **17315**
Median Pre-Service Time	3.00	0.00	0.00
Median Intra-Service Time	25.00	25.00	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	**28.00**	**25.00**	**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	0.90	1.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.20	0.80
Urgency of medical decision making	0.80	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	1.10	0.20
Physical effort required	1.30	0.40

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	1.10	0.40
Estimated risk of malpractice suit with poor outcome	0.80	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.30	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.

The AAD convened an expert panel to review the survey results and to develop recommendations. It was decided that 93925 is a good additional reference code because it is an imaging code that allows for a PE crosswalk/comparison. The specialty was advised by AMA staff to use an imaging code for PE comparison.

The 25th percentile RVU is 0.90, which seems appropriate, as confirmed with an IWPUT of 0.032, with a 25 minute intra-service time and 5 minutes pre-time. This is consistent with comparable pathology codes and with endomicroscopy code 88375.

Regarding the question of expected frequency that this service will be provided, a subset of dermatologists and dermatopathologists will probably acquire the technology and will frequently perform the service. It is expected that patients will usually be referred to those physicians for RCM, so they will not be providing an E/M on the day of service.

The College of American Pathologists did not get any usable responses using a random survey.

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) 96999

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 Dermatology 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? 13000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

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? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

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:

Other

BETOS Sub-classification:
NA

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

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. 17315

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96933 Tracking Number BB3 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a history of non-melanoma skin cancer and melanoma and multiple atypical moles is found to have a lesion with one or more clinical and/or historical characteristics highly suggestive of melanoma or other non-melanoma skin cancer. Reflectance confocal microscopy is ordered by the examining dermatologist.

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: The physician reviews the clinical history and referral information.

Description of Intra-Service Work: The imaged lesion appears in a list in the software. The lesion is selected for interpretation by the physician. The physician logs into the HIPAA compliant software using a computer with a high resolution graphics card and significant memory for rapid image loading and positioning, clicks on a photo of the lesion, and reviews the pictures and the clinical information. He/she opens up the confocal images in software optimized for viewing RCM images and reviews each mosaic (up to five 8x8mm slices).A diagnostic report is completed. The report would include, in addition to a narrative description, a database link to RCM features related to the diagnosis. These terms can easily be searched to locate specific patients, diseases/condition types, diagnoses, or lesion locations (for example, if a physician wanted to pull up all patient records for lesions on the face diagnosed as melanoma, this would be possible) to optimize the physician's participation in registries that are evolving to meet requirements for quality and outcome measures that are becoming part of the practice of medicine. Finally, representative images are added to the report as appropriate. It is electronically signed and is ready for the interpreting physician to print and discuss with the referring physician. The report is digitally linked to the patient and the specific lesion/images that it corresponds to and is stored as a file at the datacenter for future retrieval.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Mark Kaufmann, MD; Harold Rabinovitz, MD; Jane Grant-Kels, MD		
Specialty(s):	AAD		
CPT Code:	96933		
Sample Size:	72	**Resp N:** 38	**Response:** 52.7 %
Description of Sample:	List of trained users supplied by the manufacturer.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	90.00	500.00
Survey RVW:	0.22	0.80	**1.00**	1.84	25.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	16.00	**20.00**	29.00	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)

XXX Global Code

CPT Code:	96933	**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:		**3.00**	**0.00**	**3.00**
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:	**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? Yes

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
88325	XXX	2.50	**RUC Time**

CPT Descriptor Consultation, comprehensive, with review of records and specimens, with report on referred 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
92002	XXX	0.88	**RUC Time**	223,037

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	3,126,033

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
93925	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; 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: 11 **% of respondents:** 28.9 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96933	Top Key Reference CPT Code: 88305	2nd Key Reference CPT Code: **88325**
Median Pre-Service Time	3.00	0.00	0.00
Median Intra-Service Time	25.00	25.00	80.00
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	**28.00**	**25.00**	**80.00**
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	1.27	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.36	0.60
Urgency of medical decision making	1.18	0.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.09	1.20

Physical effort required	1.09	1.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.91	0.20
Outcome depends on the skill and judgment of physician	1.09	0.60
Estimated risk of malpractice suit with poor outcome	1.18	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.18	1.40

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.

The AAD convened an expert panel to review the survey results and to develop recommendations. It was decided that 93925 is a good additional reference code because it is an imaging code that allows for a PE crosswalk/comparison. The specialty was advised by AMA staff to use an imaging code for PE comparison.

Since the physician work involved in 96931 and 96933 is the same, the panel concluded that the work RVU and the times for the two codes should also be identical. The difference between the two codes is the technical component, which involves only direct PE. This is between the 25th percentile and the median work RVU estimates found in the survey. Times or RVUs other than those assigned to 96931 will result in a rank order anomaly.

Regarding the question of expected frequency that this service will be provided, a subset of dermatologists and dermatopathologists will probably acquire the technology and will frequently perform the service. It is expected that patients will usually be referred to those physicians for RCM, so they will not be providing an E/M on the day of service.

The College of American Pathologists did not get any usable responses using a random survey.

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) 96999

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 Dermatology 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? 13000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

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? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

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:
Other

BETOS Sub-classification:
NA

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

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. 17315

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96934 Tracking Number BB4 Original Specialty Recommended RVU: **0.79**
Presented Recommended RVU: **0.76**
Global Period: ZZZ RUC Recommended RVU: **0.76**

CPT Descriptor: 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 primary procedure) / (use 96934 in conjunction with 96931)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a history of non-melanoma skin cancer and melanoma and multiple atypical moles is found to have five lesions with one or more clinical and/or historical characteristics highly suggestive of melanoma or other non-melanoma skin cancer. Following imaging of the first lesion, additional imaging is requested on an additional to obtain data for the high-risk lesions in question in an effort to confirm or to rule out melanoma or other non-melanoma skin cancer.

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?
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:

Description of Intra-Service Work: The imaged lesion appears in a list in the software. The lesion is selected for interpretation by the physician. The physician logs into the HIPAA compliant software using a computer with a high resolution graphics card and significant memory for rapid image loading and positioning, clicks on a photo of the lesion, and reviews the pictures and the clinical information. He/she opens up the confocal images in software optimized for viewing RCM images and reviews each mosaic (up to five 8x8mm slices).A diagnostic report is completed. The report would include, in addition to a narrative description, a database link to RCM features related to the diagnosis. These terms can easily be searched to locate specific patients, diseases/condition types, diagnoses, or lesion locations (for example, if a physician wanted to pull up all patient records for lesions on the face diagnosed as melanoma, this would be possible) to optimize the physician's participation in registries that are evolving to meet requirements for quality and outcome measures that are becoming part of the practice of medicine. Finally, representative images are added to the report as appropriate. It is electronically signed and is ready for the interpreting physician to print and discuss with the referring physician. The report is digitally linked to the patient and the specific lesion/images that it corresponds to and is stored as a file at the datacenter for future retrieval.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Mark Kaufmann, MD; Harold Rabinovitz, MD; Jane Grant-Kels, MD		
Specialty(s):	AAD		
CPT Code:	96934		
Sample Size:	72	**Resp N:** 36	**Response:** 50.0 %
Description of Sample:	List of trained users supplied by the manufacturer.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	53.00	500.00
Survey RVW:	0.40	0.79	**1.00**	2.00	25.00
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	**25.00**	39.00	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)

ZZZ Global Code

CPT Code:	96934	**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:		**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?

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
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
88325	XXX	2.50	**RUC Time**

CPT Descriptor Consultation, comprehensive, with review of records and specimens, with report on referred 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
99231	XXX	0.76	**RUC Time**	10,805,487

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
51797	ZZZ	0.80	**RUC Time**	142,263

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93925	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; 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: 11 **% of respondents:** 30.5 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 96934	Top Key Reference CPT Code: 88305	2nd Key Reference CPT Code: **88325**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	25.00	25.00	80.00
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	**25.00**	**25.00**	**80.00**
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	1.27	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.36	0.60
Urgency of medical decision making	1.18	0.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.09	1.20

Physical effort required	1.09	1.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.91	0.20
Outcome depends on the skill and judgment of physician	1.09	0.60
Estimated risk of malpractice suit with poor outcome	1.18	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.18	1.40

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.

The AAD convened an expert panel to review the survey results and to develop recommendations. It was decided that 93925 is a good additional reference code because it is an imaging code that allows for a PE crosswalk/comparison. AMA staff recommended using an imaging code for PE comparison.

Though the intra-service work involved with 96934 is identical to the work in 96931, 96931 involves the 5 minutes of pre-time work for reviewing the clinical history and referral information. The panel concluded that the RVU value of 96934 should be 0.79, which is the 25th percentile of the survey. It is also the value identified using the reverse building block method. 96934 should be less than 96931 by (5 min x 0.0224 RVU/min) = 0.11 RVU.

Regarding the question of expected frequency that this service will be provided, a subset of dermatologists and dermatopathologists will probably acquire the technology and will frequently perform the service. It is expected that patients will usually be referred to those physicians for RCM, so they will not be providing an E/M on the day of service.

The College of American Pathologists did not get any usable responses using a random survey.

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) 96999

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 Dermatology 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? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

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? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

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:
Other

BETOS Sub-classification:
NA

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

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. 17315

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96936 Tracking Number BB6 Original Specialty Recommended RVU: **0.79**
Presented Recommended RVU: **0.76**
Global Period: ZZZ RUC Recommended RVU: **0.76**

CPT Descriptor: Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to primary procedure) / (use 96936 in conjunction with 96933)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a history of non-melanoma skin cancer and melanoma and multiple atypical moles is found to have five lesions with one or more clinical and/or historical characteristics highly suggestive of melanoma or other non-melanoma skin cancer. Following imaging of the first lesion, additional imaging is requested on an additional to obtain data for the high-risk lesions in question in an effort to confirm or to rule out melanoma or other non-melanoma skin cancer.

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?
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:

Description of Intra-Service Work: The imaged lesion appears in a list in the software. The lesion is selected for interpretation by the physician. The physician logs into the HIPAA compliant software using a computer with a high resolution graphics card and significant memory for rapid image loading and positioning, clicks on a photo of the lesion, and reviews the pictures and the clinical information. He/she opens up the confocal images in software optimized for viewing RCM images and reviews each mosaic (up to five 8x8mm slices).A diagnostic report is completed. The report would include, in addition to a narrative description, a database link to RCM features related to the diagnosis. These terms can easily be searched to locate specific patients, diseases/condition types, diagnoses, or lesion locations (for example, if a physician wanted to pull up all patient records for lesions on the face diagnosed as melanoma, this would be possible) to optimize the physician's participation in registries that are evolving to meet requirements for quality and outcome measures that are becoming part of the practice of medicine. Finally, representative images are added to the report as appropriate. It is electronically signed and is ready for the interpreting physician to print and discuss with the referring physician. The report is digitally linked to the patient and the specific lesion/images that it corresponds to and is stored as a file at the datacenter for future retrieval.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Mark Kaufmann, MD; Harold Rabinovitz, MD; Jane Grant-Kels, MD				
Specialty(s):	AAD				
CPT Code:	96936				
Sample Size:	72	**Resp N:** 37	**Response:** 51.3 %		
Description of Sample:	List of trained users supplied by the manufacturer.				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**2.00**	35.00	500.00
Survey RVW:	0.22	0.76	**1.00**	1.75	25.00
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	**25.00**	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:	96936	**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:		**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?

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
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
88321	XXX	1.63	**RUC Time**

CPT Descriptor Consultation and report on referred slides prepared elsewhere

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**	10,805,487

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
51797	ZZZ	0.80	**RUC Time**	142,263

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93925	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of lower extremity arteries or arterial bypass grafts; 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: 14 **% of respondents:** 37.8 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96936	Top Key Reference CPT Code: 88305	2nd Key Reference CPT Code: **88321**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	25.00	25.00	50.00
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	**25.00**	**25.00**	**50.00**
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	1.14	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.36	0.40
Urgency of medical decision making	1.21	0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.00	1.00

Physical effort required	1.21	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.93	0.40
Outcome depends on the skill and judgment of physician	1.00	0.60
Estimated risk of malpractice suit with poor outcome	1.21	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.14	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.

The AAD convened an expert panel to review the survey results and to develop recommendations. It was decided that 93925 is a good additional reference code because it is an imaging code that allows a PE crosswalk/comparison. AMA staff recommended using an imaging code for PE comparison.

Since the physician work involved in 96934and 96936 is the same, the panel concluded that the work RVU and the times for the two codes should also be identical, 0.79 RVU. This is slightly above the 25th percentile value of 0.76 RVU. The difference between the two codes is the technical component, which involves only direct PE.

Regarding the question of expected frequency that this service will be provided, a subset of dermatologists and dermatopathologists will probably acquire the technology and will frequently perform the service. It is expected that patients will usually be referred to those physicians for RCM, so they will not be providing an E/M on the day of service.

The College of American Pathologists did not get any usable responses using a random survey.

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) 96999

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 Dermatology 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? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

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? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

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:
Other

BETOS Sub-classification:
NA

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

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. 17315

SS Rec Summary

ISSUE: Reflectance Confocal Microscopy (96931 - 96936)

TAB: 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	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
REF	88305	Level IV - Surgical pa		0.030			0.75			25						25																							
CURRENT				#DIV/0!						0																													
SVY	96931	Reflectance c	38	0.028	0.45	0.90	1.15	2.00	25.00	45	10			10	20	25	34	120	10																				
REC	96931	Reflectance c	38	0.029			0.80			28	3					25																							

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
REF	88305	Level IV - Surgical pa		0.030			0.75			25						25																							
CURRENT				#DIV/0!						0																													
SVY	96933	Reflectance c	38	0.028	0.22	0.80	1.00	1.84	25.00	40	10			5	16	20	29	120	10																				
REC	96933	Reflectance c	38	0.029			0.80			28	3					25																							

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
REF	88305	Level IV - Surgical pa		0.030			0.75			25						25																							
CURRENT				#DIV/0!						0																													
SVY	96934	Reflectance c	36	0.040	0.40	0.79	1.00	2.00	25.00	25				10	20	25	39	90																					
REC	96934	Reflectance c	36	0.030			0.76			25						25																							

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
REF	88305	Level IV - Surgical pa		0.030			0.75			25						25																							
CURRENT				#DIV/0!						0																													
SVY	96936	Reflectance c	37	0.040	0.22	0.76	1.00	1.75	25.00	25				5	16	25	30	60																					
REC	96936	Reflectance c	37	0.030			0.76			25						25																							

16
Tab Number

Reflectance Confocal Microscopy
Issue

969XX1, 96XX3, 969XX4 and 969XX6
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 Kaufman, M.D.

Printed Signature

American Academy of Dermatology

Specialty Society

March 31, 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.

969XX1, Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin, first lesion; image acquisition and interpretation and report
969XX3, Image acquisition only
969XX4, Interpretation and report only
969XX2, Image acquisition and interpretation and report, each additional lesion (list separately in addition to primary procedure)
969XX5, Image acquisition only, each additional lesion
969XX6, Interpretation and report only, each additional lesion

CPT® Codes

Caliber Imaging and Diagnostics

Vendor/Company Name

By: Christi Alossi Fox

Christi Alossi Fox
Printed Signature

Vice President of Clinical Development
Title

2/23/15
Date

CPT Code: 96931, 96933, 96934, and 96936
Specialty Society(‘s) _AAD

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

96931 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin, first lesion; image acquisition and interpretation and report

96933 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin, first lesion; interpretation and report only

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 primary procedure)

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 primary procedure)

Global Period: _XXX_ and ZZZ___ Meeting Date: __April 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:

American Academy of Dermatology convened a consensus panel to finalize the practice expense data for the RCM 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:

Per AMA staff advise, we selected code 93925 (Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study) as our reference code to compare it with the RCM codes because it is also an imaging code and a similar procedure. The clinical labor activities are similar to the new RCM 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:

The lesion is circled and the patient is moved to a room where the RCM resides. A technician creates a patient record in the RCM software on the dedicated, imaging system workstation, by entering the patient information from the chart supplemented by the patient as needed. The technician creates a lesion record in the software that includes the history of the lesion and the indications for imaging. An RCM-specific tissue stabilization ring is prepared by removing the adhesive backing from the window, aligning it and adhering it to the metal ring. Then, the adhesive backing is removed from the opposite side (“skin side”) of the window. It is then placed on a drape on a Mao stand adhesive side up, taking care to not adhere it to anything. The lesion is cleaned with an alcohol swab. A drop (1 cc) of mineral oil is placed on the lesion. The ring/window assembly is placed on the skin, over the lesion in such a fashion as to capture the mineral oil within the ring and not disrupt the adhesive attachment.

Intra-Service Clinical Labor Activities:

An image of the lesion, used to guide the RCM objective lens during mosaicking, is captured through the window. Ultrasound gel (3 ccs) is added to the window, and the RCM’s objective lens is aligned to the tissue ring using a magnetic latch. The technician visually locates the surface of the skin during real-time imaging by adjusting the depth of imaging using proprietary software. Using software and a touchscreen, the technician steps the image down into the skin several microns and selects the area around which to create a mosaic by selecting two points around the lesion. The mosaicking function is initiated and a single plane is scanned. This is repeated 3-5 times at different depths sufficient to capture the lesion. The technician must be fully engaged during this process stabilizing the system and cannot perform other tasks during this time.

Post-Service Clinical Labor Activities:
Clean room and equipment. Review the images with the interpreting physician. Archive images. Conduct phone calls.

CPT Code:_ 96931, 96933, 96934 & 96936 __
Specialty Society(‘s)__AAD ____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
96931 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin, first lesion; image acquisition and interpretation and report

96933 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin, first lesion; interpretation and report only

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 primary procedure)

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 primary procedure)

Global Period:_XXX and ZZZ____ Meeting Date: _April 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:

American Academy of Dermatology convened a consensus panel to finalize the practice expense data for the RCM 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:

Per AMA staff advise, we selected code 93925 (Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study) as our reference code to compare it with the RCM codes because it is also an imaging code and a similar procedure. The clinical labor activities are similar to the new RCM 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:

The lesion is circled and the patient is moved to a room where the RCM resides. A technician creates a patient record in the RCM software on the dedicated, imaging system workstation, by entering the patient information from the chart supplemented by the patient as needed. The technician creates a lesion record in the software that includes the history of the lesion and the indications for imaging. An RCM-specific tissue stabilization ring is prepared by removing the adhesive backing from the window, aligning it and adhering it to the metal ring. Then, the adhesive backing is removed from the opposite side (“skin side”) of the window. It is then placed on a drape on a Mao stand adhesive side up, taking care to not adhere it to anything. The lesion is cleaned with an alcohol swab. A drop (1 cc) of mineral oil is placed on the lesion. The ring/window assembly is placed on the skin, over the lesion in such a fashion as to capture the mineral oil within the ring and not disrupt the adhesive attachment.

Intra-Service Clinical Labor Activities:

An image of the lesion, used to guide the RCM objective lens during mosaicking, is captured through the window. Ultrasound gel (3 ccs) is added to the window, and the RCM’s objective lens is aligned to the tissue ring using a magnetic latch. The technician visually locates the surface of the skin during real-time imaging by adjusting the depth of imaging using proprietary software. Using software and a touchscreen, the technician steps the image down into the skin several microns and selects the area around which to create a mosaic by selecting two points around the lesion. The mosaicking function is initiated and a single plane is scanned. This is repeated 3-5 times at different depths sufficient to capture the lesion. The technician must be fully engaged during this process stabilizing the system and cannot perform other tasks during this time.

Post-Service Clinical Labor Activities:
Clean room and equipment. Review the images with the interpreting physician. Archive images. Conduct phone calls.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE										
2	Revised on 10/12/2015			93925		969XX1		969XX2		969XX3		969XX4		969
3	**Meeting Date: April 2015** **Tab: 6** **Specialty: Dermatology**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectanc microscopy cellular cellular ir
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**94.0**	**0.0**	**47.0**	**0.0**	**47.0**	**0.0**	**2.0**	**0.0**	**36.0**	**0.0**	**36.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**3.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**2.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**91.0**	**0.0**	**45.0**	**0.0**	**45.0**	**0.0**	**2.0**	**0.0**	**34.0**	**0.0**	**34.0**
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**
10	**PRE-SERVICE**													
11	**Start: Following visit when decision for surgery or procedure made**													
12	Complete pre-service diagnostic & referral forms	LO42A	RN/LPN			**0**		**0**				**0**		**0**
13	Coordinate pre-surgery services	LO42A	RN/LPN			**0**		**0**				**0**		**0**
14	Schedule space and equipment in facility	LO42A	RN/LPN			**0**		**0**				**0**		**0**
15	Provide pre-service education/obtain consent	LO42A	RN/LPN			**0**		**0**				**0**		**0**
16	Follow-up phone calls & prescriptions	LO42A	RN/LPN			**0**		**0**				**0**		**0**
17	Availability of prior images confirmed	LO54A	Vascular Tech	**1**		**0**		**0**				**0**		**0**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by physician	LO42A	RN/LPN	**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	LO42A	RN/LPN	**3**		**3**		**3**						
24	Obtain vital signs	LO42A	RN/LPN	**3**		**0**		**0**						
25	Provide pre-service education/obtain consent	LO42A	RN/LPN	**3**		**3**		**3**						
26	Prepare room, equipment, supplies	LO42A	RN/LPN	**2**		**2**		**2**						
27	Setup scope (non facility setting only)	LO42A	RN/LPN			**0**		**0**						
28	Prepare and position patient/ monitor patient/ set up IV	LO42A	RN/LPN	**2**		**2**		**2**				**2**		**2**
29	Sedate/apply anesthesia	LO42A	RN/LPN			**0**		**0**						
30	Other Clinical Activity - specify: Set up US Equipment			**2**										
31	**Intra-service**													
32	Acquire images	LO42A	RN/LPN	**69**		**30**		**30**				**30**		**30**
33	**Post-Service**													
34	Monitor pt. following moderate sedation													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE										
2	Revised on 10/12/2015			93925		969XX1		969XX2		969XX3		969XX4		969
3	**Meeting Date: April 2015** **Tab: 6** **Specialty: Dermatology**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectanc microscopy cellular cellular i
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)													
36	Clean room/equipment by physician staff	LO42A	RN/LPN	**3**		**3**		**3**						
37	Clean Scope	LO42A	RN/LPN			**0**		**0**						
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	LO42A	RN/LPN	**2.0**		**0.0**		**0.0**						
43	Review examination with interpreting MD	LO42A	RN/LPN	**1.0**		**0.0**		**0.0**		**0.0**		**0.0**		**0.0**
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	LO42A	RN/LPN	**1.0**		**0.0**		**0.0**				**0.0**		**0.0**
45	Other Clinical Activity - Review imaging with interpreting physician	LO42A	RN/LPN			**2**		**2**		**2**		**2**		**2**
46	Other Clinical Activity - Record Patient	LO42A	RN/LPN											
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
50	**End: Patient leaves office**													
51	**POST-SERVICE Period**													
52	**Start: Patient leaves office/facility**													
53	Conduct phone calls/call in prescriptions	LO42A	RN/LPN			**0**		**0**				**0**		**0**
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**3 visits**	**# visits**	**# visits**	**# 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**	**0.0**	**0.0**			**0.0**	**0.0**	**0.0**	**0.0**	
61	Other Clinical Activity - *specify: QA documentation*			**0**										
62	**End: with last office visit before end of global period**													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1				REFERENCE CODE										
2	Revised on 10/12/2015			93925		969XX1		969XX2		969XX3		969XX4		969
3	Meeting Date: April 2015 Tab: 6 Specialty: Dermatology	CMS Code	Staff Type	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of		Reflectanc microscopy cellular cellular ir
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	ZZZ
63	MEDICAL SUPPLIES*	CODE	UNIT											
64	pack, minimum multi-specialty visit	SA048	pack	1		1		1				0		0
65	Imaging Tray	INVOICE	pack			1		1				0		0
66	mineral oil	SJ035	ml			0		0				0		0
67	ultrasound transmission gel	SJ062	ml	60		0		0				0		0
68	swab-pad, alcohol	SJ053	item			3		3				3		3
69	razor	SK068	item			1		1				1		1
70	gauze, non-sterile 2in x 2in	SG050	item			3		3				3		3
71	tissue ring	INVOICE	item			0		0						
72	tissue window	INVOICE	item			0		0						
73	adhesive ruler	INVOICE	item			1		1						
74	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item			1		1						
75	drape, non-sterile, sheet 40in x 60in	SB006	item	1										
76	cover-condom, transducer or ultrasound probe	SB005	item											
77	film, 8inx10in (ultrasound, MRI)	SK022	item											
78	film, x-ray 14in x 17in	SK034	item											
79	patient education booklet	SK062	item	1										
80	video tape, VHS	SK086	item											
81	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34										
82	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2										
83														
84														
85														
86	EQUIPMENT	CODE												
87	table, power	EF031				43		43				32		32
88	light, exam	EQ168				43		43				32		32
89	reflectance confocal imaging system	INVOICE				37		37				32		32
90	camera, 35mm system (medical grade)	ED003				3		3				3		3
91	PACS Workstation Proxy	ED050		69										
92	room, ultrasound, vascular	EL016		86										
93														
94														
95														
96														
97														
98														

	A	B	C	O	P	Q
1						
2	**Revised on 10/12/2015**			**XX5**	**969XX6**	
3	**Meeting Date: April 2015** **Tab: 6** **Specialty: Dermatology**	**CMS Code**	**Staff Type**	e confocal (RCM) for and sub- naging of	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**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	LO42A	RN/LPN			
13	Coordinate pre-surgery services	LO42A	RN/LPN			
14	Schedule space and equipment in facility	LO42A	RN/LPN			
15	Provide pre-service education/obtain consent	LO42A	RN/LPN			
16	Follow-up phone calls & prescriptions	LO42A	RN/LPN			
17	Availability of prior images confirmed	LO54A	Vascular Tech			
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by physician	LO42A	RN/LPN			
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	LO42A	RN/LPN			
24	Obtain vital signs	LO42A	RN/LPN			
25	Provide pre-service education/obtain consent	LO42A	RN/LPN			
26	Prepare room, equipment, supplies	LO42A	RN/LPN			
27	Setup scope (non facility setting only)	LO42A	RN/LPN			
28	Prepare and position patient/ monitor patient/ set up IV	LO42A	RN/LPN			
29	Sedate/apply anesthesia	LO42A	RN/LPN			
30	Other Clinical Activity - specify: Set up US Equipment					
31	**Intra-service**					
32	Acquire images	LO42A	RN/LPN			
33	**Post-Service**					
34	Monitor pt. following moderate sedation					

	A	B	C	O	P	Q
1						
2	**Revised on 10/12/2015**			**XX5**	**969XX6**	
3	**Meeting Date: April 2015** **Tab: 6** **Specialty: Dermatology**	**CMS Code**	**Staff Type**	e confocal (RCM) for and sub- naging of	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)					
36	Clean room/equipment by physician staff	LO42A	RN/LPN			
37	Clean Scope	LO42A	RN/LPN			
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	LO42A	RN/LPN			
43	Review examination with interpreting MD	LO42A	RN/LPN		**0.0**	
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	LO42A	RN/LPN			
45	Other Clinical Activity - Review imaging with interpreting physician	LO42A	RN/LPN			
46	Other Clinical Activity - Record Patient	LO42A	RN/LPN			
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**	
50	**End: Patient leaves office**					
51	**POST-SERVICE Period**					
52	**Start: Patient leaves office/facility**					
53	Conduct phone calls/call in prescriptions	LO42A	RN/LPN			
54	***Office visits: List Number and Level of Office Visits***			**3 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: QA documentation*					
62	**End: with last office visit before end of global period**					

	A	B	C	O	P	Q
1						
2	**Revised on 10/12/2015**			**XX5**	**969XX6**	
3	**Meeting Date: April 2015** **Tab: 6** **Specialty: Dermatology**	**CMS Code**	**Staff Type**	e confocal (RCM) for and sub- naging of	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
4	**LOCATION**			**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**
63	**MEDICAL SUPPLIES***	**CODE**	**UNIT**			
64	pack, minimum multi-specialty visit	SA048	pack			
65	Imaging Tray	INVOICE	pack			
66	mineral oil	SJ035	ml			
67	ultrasound transmission gel	SJ062	ml			
68	swab-pad, alcohol	SJ053	item			
69	razor	SK068	item			
70	gauze, non-sterile 2in x 2in	SG050	item			
71	tissue ring	INVOICE	item			
72	tissue window	INVOICE	item			
73	adhesive ruler	INVOICE	item			
74	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item			
75	drape, non-sterile, sheet 40in x 60in	SB006	item			
76	cover-condom, transducer or ultrasound probe	SB005	item			
77	film, 8inx10in (ultrasound, MRI)	SK022	item			
78	film, x-ray 14in x 17in	SK034	item			
79	patient education booklet	SK062	item			
80	video tape, VHS	SK086	item			
81	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz			
82	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item			
83						
84						
85						
86	**EQUIPMENT**	**CODE**				
87	table, power	EF031				
88	light, exam	EQ168				
89	reflectance confocal imaging system	INVOICE				
90	camera, 35mm system (medical grade)	ED003				
91	PACS Workstation Proxy	ED050				
92	room, ultrasound, vascular	EL016				
93						
94						
95						
96						
97						
98						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2015

Insertion of Interlaminar-Interspinous Process Stability-Distraction 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, 228XX1 and 228XX2 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, 228XX and 228X0 at the January 2016 RUC meeting concurrently with the new CPT codes for insertion of spinal stability distraction device without decompression.**

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
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~~ 228XX1, 228XX2, 043XXT3, 043XXT4)		
Spinal Instrumentation				
Category III				

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~~0171T~~ ~~Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumber; single level~~ ~~✚0172T~~ ~~each additional level (List separately in addition to code for primary procedure)~~ (0171T, 0172T have been deleted. To report, see 228XX1, 228XX2, 043XXT3, 043XXT4) ●008XXT3 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level ✚●043XXT4 second level (List separately in addition to code for primary procedure) (Report 043XXT4 in conjunction with 043XXT3) (Do not report 043XXT3, 043XXT4 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)				
✚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, 22548-22568, 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 interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, use 043XXT3)	ZZZ	RUC Recommends Presentation at January 2016 Meeting

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●228XX	A2	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090	RUC Recommends Presentation at January 2016 Meeting
✚●228X0	A3	second level (List separately in addition to code for primary procedure) (Report 228XX2 in conjunction with 228XX1) (Do not report 228XX, 228X0 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, 228X4, 228X5 for the same level) (For insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, use 228X4)	ZZZ	RUC Recommends Presentation at January 2016 Meeting

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September 8, 2015

Peter Smith, MD
Chair, AMA/RUC
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Tab 7: Insertion of Interlaminar-Interspinous Process Stability Distraction Device

Dear Dr. Smith:

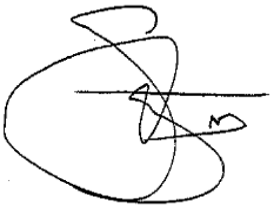
On behalf of the American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), American Academy of Orthopaedic Surgeons (AAOS), and the North American Spine Society (NASS), we are writing in regards to Tab 7: Insertion of Interlaminar-Interspinous Process Stability Distraction Device for the October RUC meeting. During the survey process, we learned that a CPT code change proposal to create Category I codes for Insertion of Spinal Stability Distraction Device without Decompression has been submitted for consideration at the October 2015 CPT Editorial Panel meeting. As the codes in this new proposal are very closely related to those that were surveyed for Tab 7, we believe it would be appropriate for the entire family of codes to be reviewed together. Therefore, we request postponing consideration of Tab 7 until the January 2016 RUC meeting. We are willing to share the data we collected for Tab 7, but believe it would be more efficient for the RUC to review all data for the entire family of codes at one time.

All of the societies have reviewed the CPT proposal and believe it meets CPT Category I code criteria. Therefore, it is the societies' intention to present recommendations for all of the codes in the family at the January 2016 meeting pending the outcome of the October 2015 CPT Editorial Panel meeting.

Sincerely,

William Creevy, MD, AAOS Advisor

Alexander Mason, MD, CNS Advisor



Karin Swartz, MD, NASS Advisor

John Ratliff, MD, AANS Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Volume Code screen

October 2015

Flexible Laryngoscopy

In the 2015 Medicare Payment Schedule, CMS identified codes 31575 and 31579 as potentially misvalued due to their inclusion on the High Volume Code screen. The specialty society requested, and the RUC approved, referral of the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. At the May 2015 CPT meeting the Editorial Panel added three new codes to describe laryngoscopy with ablation or destruction of lesion and therapeutic injection.

31575 Laryngoscopy, flexible; diagnostic
The RUC reviewed the survey results from 205 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 14 minutes, intra-service time of 5 minutes and immediate post-service time of 5 minutes. The RUC noted that this service is typically billed with an Evaluation and Management service because the laryngoscopy is performed immediately following an exam of the larynx and is unplanned. Therefore, the specialty society and RUC agreed to remove 2 minutes of pre-service evaluation time from the survey median time. Finally, the RUC reviewed the remaining 8 minutes of pre-service time evaluation time and agreed that since the physician is spending time explaining the procedure to the patient, including the risks of airway instrumentation and post procedure discomfort, the recommended time is justified.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile value (work RVU= 1.18) overestimates the physician work involved in CPT code 31575. The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. The RUC reviewed CPT code 20527 *Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)* (work RVU= 1.00) and noted that while this reference code has less intra-service time compared to the surveyed code, 5 minutes and 8 minutes, respectively, the reference code is a slightly more complex service. Therefore, the RUC agreed that a work RVU of 1.00, a direct physician work crosswalk to 20527, is appropriate for 31575. To justify a work RVU of 1.00, the RUC reviewed the top key reference service 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral* (work RVU= 1.10, intra time= 7 minutes) and agreed with analogous physician work and nearly identical intra-service time, both services should be valued similarly.
The RUC recommends a work RVU of 1.00 for CPT code 31575.

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31576 Laryngoscopy, flexible; with biopsy
The RUC reviewed the survey results from 79 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 25 minutes, intra-service time of 10 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. Finally, this service is not typically billed with an Evaluation and Management service, as the typical patient is returning for a planned visit following a previous exam of the larynx.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 1.95 is appropriate for CPT code 31576. To justify a work RVU of 1.95, the RUC compared the surveyed code to CPT codes 58100 *Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method* (work RVU= 1.53, intra time= 10 minutes) and 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* (work RVU= 1.91, intra time= 11 minutes) and agreed that both these services have nearly identical intra-service time and comparable physician work and provide accurate relativity across these families. Finally, the RUC considered other RUC reviewed scope codes and noted the increased intensity for code 31576. This service is a more intense procedure than most 000 day global endoscopy codes because the patient is unsedated, often gagging, coughing and moving during the procedure. There is also additional complexity in talking with the patient while awake, including explaining the risk of the procedure (e.g. aspiration). **The RUC recommends a work RVU of 1.95 for CPT code 31576.**

31577 Laryngoscopy, flexible; with removal of foreign body(s)
The RUC reviewed the survey results from 87 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 23 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. The RUC noted that this service is typically billed with an Evaluation and Management service because the laryngoscopy is performed immediately following an exam of the larynx and is unplanned. Therefore, the specialty society and RUC agreed to remove 2 minutes of pre-service evaluation time from the survey median time.

The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and presented the 25th percentile work RVU of 2.25 as appropriate for CPT code 31577. The RUC agreed that this value provided appropriate relativity within the family of services and across the RBRVS. To justify a work RVU of 2.25, the RUC compared the surveyed code to the top key reference service 43215 *Esophagoscopy, flexible, transoral; with removal of foreign body(s)* (work RVU= 2.54, intra time= 20 minutes) and noted that while both services have comparable physician work, the reference code has 5 additional minutes of intra-service over the surveyed code and is justly valued higher than 31577. In addition, the RUC reviewed MPC codes 52000 *Cystourethroscopy* (work RVU= 2.23, intra time= 15 minutes) and 64479 *Injection(s),*

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anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level (work RVU= 2.29, intra time= 15 minutes) and agreed that both these services have identical intra-service time and comparable physician work and provide appropriate brackets above and below the recommended value. **The RUC recommends a work RVU of 2.25 for CPT code 31577**.

31578 Laryngoscopy, flexible; with removal of lesion(s), non-laser
The RUC reviewed the survey results from 60 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 26 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. Finally, this service is not typically billed with an Evaluation and Management service, as the typical patient is returning for a planned visit following a previous exam of the larynx.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile value (work RVU= 2.55) overestimates the physician work involved in CPT code 31578. The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. The RUC reviewed CPT code 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and noted that both services have identical intra-service time and represent services with the use of a scope plus an additional intervention. Therefore, the RUC agreed that a work RVU of 2.49, a direct physician work crosswalk to 43239, is appropriate for 31578. To justify a work value of 2.49, the RUC compared the surveyed code to 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and agreed that due to identical intra-service time and comparable physician work, the two services should be valued the same. Finally, the RUC noted that 31578, 317X2 and 317X3 all have equal intra-service time and highly analogous physician work and are all correctly valued the same. **The RUC recommends a work RVU of 2.49 for CPT code 31578.**

317X1 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
The RUC reviewed the survey results from 58 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 30 minutes, intra-service time of 20 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. Finally, this service is not typically billed with an Evaluation and Management service, as the typical patient is returning for a planned visit following a previous exam of the larynx.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile value (work RVU= 3.27) overestimates the physician work involved in CPT code 317X1. The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. The RUC reviewed 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 represent services with the use of a scope plus an

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additional intervention. Therefore, the RUC agreed that a work RVU of 3.07, a direct physician work crosswalk to 43250, is appropriate for 317X1. To justify a value of 3.07, the RUC compared the surveyed code to 43248 *Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire* (work RVU= 3.01, intra time= 20 minutes) and agreed that these two analogous services are appropriately valued in close relation to each other. **The RUC recommends a work RVU of 3.07 for CPT code 317X1.**

317X2 Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
The RUC reviewed the survey results from 62 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 27 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. Finally, this service is not typically billed with an Evaluation and Management service, as the typical patient is returning for a planned visit following a previous exam of the larynx.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile value (work RVU= 2.74) overestimates the physician work involved in CPT code 317X2. The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. The RUC reviewed CPT code 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and noted that both services have identical intra-service time and represent services with the use of a scope plus an additional intervention. Therefore, the RUC agreed that a work RVU of 2.49, a direct physician work crosswalk to 43239, is appropriate for 317X2. To justify a work value of 2.49, the RUC compared the surveyed code to code 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and agreed that due to identical intra-service time and comparable physician work, the two services should be valued the same. Finally, the RUC noted that 31578, 317X2 and 317X3 all have equal intra-service time and highly analogous physician work and are all correctly valued the same. **The RUC recommends a work RVU of 2.49 for CPT code 317X2.**

317X3 Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
The RUC reviewed the survey results from 69 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 30 minutes, intra-service time of 15 minutes and immediate post-service time of 10 minutes. The RUC agreed to add four additional minutes of pre-service scrub, dress and wait time to allow for the necessary application of a second laryngeal anesthetic for intervention, in addition to the standard nasal anesthetic. Finally, this service is not typically billed with an Evaluation and Management service, as the typical patient is returning for a planned visit following a previous exam of the larynx.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile value (work RVU= 3.00) overestimates the physician work involved in CPT code 317X3. The specialty society, noting prior discussion with the pre-facilitation committee, revised their

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initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. The RUC reviewed CPT code 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and noted that both services have identical intra-service time and represent services with the use of a scope plus an additional intervention. Therefore, the RUC agreed that a work RVU of 2.49, a direct physician work crosswalk to 43239, is appropriate for 317X3. To justify a work value of 2.49, the RUC compared the surveyed code to code 43239 *Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple* (work RVU= 2.49, intra time= 15 minutes) and agreed that due to identical intra-service time and comparable physician work, the two services should be valued the same. Finally, the RUC noted that 31578, 317X2 and 317X3 all have equal intra-service time and highly analogous physician work and are all correctly valued the same. **The RUC recommends a work RVU of 2.49 for CPT code 317X3.**

31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy
The RUC reviewed the survey results from 103 practicing head and neck surgeons and recommend the following physician time components: pre-service time of 14 minutes, intra-service time of 10 minutes and immediate post-service time of 10 minutes. The RUC noted that this service is typically billed with an Evaluation and Management service because the laryngoscopy is performed immediately following an exam of the larynx and is unplanned. Therefore, the specialty society and RUC agreed to remove 2 minutes of pre-service evaluation time from the survey median time.

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 1.94 is appropriate for CPT code 31576. To justify a work RVU of 1.94, the RUC compared the surveyed code to CPT codes 58100 *Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method* (work RVU= 1.53, intra time= 10 minutes) and 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* (work RVU= 1.91, intra time= 11 minutes) and agreed that both these services have nearly identical intra-service time and comparable physician work and provide accurate relativity across these families. Finally, the RUC considered other RUC reviewed scope codes and noted the increased intensity for code 31579. This service is a more intense procedure than most 000 day global endoscopy codes because the patient is unsedated, often gagging, coughing and moving during the procedure. There is also additional complexity in talking with the patient while awake, including explaining the risk of the procedure (e.g. aspiration). **The RUC recommends a work RVU of 1.94 for CPT code 31579.**

Practice Expense
The PE Subcommittee removed the pre-service time from the non-facility setting to align with the standard for 000 day global services for all services billed on the same day as an evaluation and management (E/M) service. The PE Subcommittee agreed that 30 minutes of clinical staff time for extensive use of clinical staff is necessary for all services performed in the facility setting. The Subcommittee removed 3 minutes to obtain vital signs for CPT code 31575 because it is duplicative of the E/M service. The time was maintained in all other services billed with an E/M because a second set of vital signs is taken when the service becomes more involved with the larynx. Advances in technology and new anesthetic techniques enable the physician to do more with the larynx. These advancements also create more risk and require clinical staff to do

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real time monitoring. The disposable scope previously included in the *instrument pack, basic ($500-$1499)* (EQ137) is no longer needed for this service; however when it is removed from the pack the remaining equipment still meets the $500 threshold so the pack was maintained for all the services under review other than the 31579, which utilizes a channeled scope. The PE Subcommittee questioned the need for 2 light sources, light, *fiberoptic headlight w-source* (EQ170) and *light source, xenon* (EQ167); however the two are not compatible. The EQ170 is used for the aesthetic and the EQ167 is used for the scope. The scopes included in the services are slightly different for each service, however the specialty clarified that for all services the scopes in use would be either the *endoscopy, rigid, laryngoscopy* (ES010) or the *fiberscope, flexible, rhinolaryngoscopy* (ES020), but not both and the *video system, endoscopy (processor, digital capture, monitor, printer, cart)* (ES031). For each service except the diagnostic code (31575), the channeled scope would need to be available. For 31579 the *video system, stroboscopy (strobing platform, camera, digital recorder, monitor, printer, cart)* (ES032) is needed rather than the ES031. **The RUC recommends the direct practice expense inputs as modified by the PE 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 (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Respiratory System				
Larynx				
Endoscopy				
For endoscopic procedures, report appropriate endoscopy of each anatomic site examined. Laryngoscopy includes examination of the tongue base, larynx, and hypopharynx. The anatomic structures examined with this procedure include both midline (single anatomic sites) and paired structures. Midline, single anatomic sites include tongue base, vallecula, epiglottis, subglottis, and posterior pharyngeal wall. Paired structures include true vocal cords, arytenoids, false vocal cords, ventricles, pyriform sinuses, and aryepiglottic folds. For the purposes of reporting therapeutic interventions, all paired structures contained within one side of the larynx/pharynx are considered unilateral. If using operating microscope, telescope, or both, use the applicable code only once per operative session.				
Surgery				
Respiratory System				

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Trachea and Bronchi

Endoscopy

For endoscopy procedures, code appropriate endoscopy of each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31651, 31660, 31661 include fluoroscopic guidance, when performed.

(For tracheoscopy, see laryngoscopy codes 31515-317X3)

31615 Tracheobronchoscopy through established tracheostomy incision

Medicine

Special Otorhinolaryngologic Services

Evaluative and Therapeutic Services

92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording

(For radiological supervision and interpretation, use 74230)

(For evaluation of oral and pharyngeal swallowing function, use 92610)

(For flexible ~~fiberoptic~~ diagnostic laryngoscopy, use 31575. ~~Do not report 31575 in conjunction with 92612-92617~~)

▲31575	B3	Laryngoscopy, flexible ~~fiberoptic~~; diagnostic (Do not report 31575 in conjunction with 31231, unless performed for a separate ~~diagnosis~~ condition using a separate endoscope) (Do not report 31575 in conjunction with 43197, 43198, 92612, 92614, 92616, 92511) (Do not report 31575 in conjunction with 31576-317X3	000	1.00
▲31576	B4	with biopsy(s) (Do not report 31576 in conjunction with 31578, 317X1)	000	1.95
▲31577	B5	with removal of foreign body(s)	000	2.25

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▲31578	B6	with removal of lesion(s), non-laser	000	2.49
●317X1	B7	with ablation or destruction of lesion(s) with laser, unilateral (Do not report 317X1 in conjunction with 31576, 31578) (To report flexible endoscopic evaluation of swallowing, see 92612-92613) (To report flexible endoscopic evaluation with sensory testing, see 92614-92615) (To report flexible endoscopic evaluation of swallowing with sensory testing, see 92616-92617) (For flexible laryngoscopy as part of flexible endoscopic evaluation of swallowing and/or laryngeal sensory testing by cine or video recording, see 92612-92617)	000	3.07
●317X2	B8	with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	000	2.49
●317X3	B9	with injection(s) for augmentation (eg. percutaneous, transoral), unilateral	000	2.49
▲31579	B10	Laryngoscopy, flexible or rigid ~~fiberoptic~~ telescopic, with stroboscopy	000	1.94
Repair **31580** Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal				

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31582 for laryngeal stenosis, with graft or core mold, including tracheotomy **Trachea and Bronchi** **Endoscopy** *For endoscopy procedures, code appropriate endoscopy of each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31651, 31660, 31661 include fluoroscopic guidance, when performed.* (For tracheoscopy, see laryngoscopy codes 31515-~~31578~~3157X3) *31615 Tracheobronchoscopy through established tracheostomy incision* 92511 Nasopharyngoscopy with endoscope (separate procedure) Do not report 92511 in conjunction with 31575, 43197, 43198 92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording (For radiological supervision and interpretation, use 74230) (For evaluation of oral and pharyngeal swallowing function, use 92610) (For flexible ~~fiberoptic~~ diagnostic laryngoscopy, use 31575. ~~Do not report 31575 in conjunction with 92612-92617)~~				
▲92612(e)		Flexible ~~fiberoptic~~ endoscopic evaluation of swallowing by cine or video recording; (If flexible ~~fiberoptic~~ or endoscopic evaluation of swallowing is performed without cine or video recording, use 92700) (Do not report with 31575)	XXX	1.27 (No Change)
▲92613(e)		Flexible ~~fiberoptic~~ endoscopic evaluation of swallowing by cine or video recording; interpretation and report only (To report an evaluation of oral and pharyngeal swallowing function,	XXX	0.71 (No Change)

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		use 92610) (To report motion fluoroscopic evaluation of swallowing function, use 92611)		
▲92614(e)		Flexible ~~fiberoptic~~ endoscopic evaluation, laryngeal sensory testing by cine or video recording; (If flexible ~~fiberoptic~~ or endoscopic evaluation of swallowing is performed without cine or video recording, use 92700) (Do not report with 31575)	XXX	1.27 (No change)
▲92615(e)		Flexible ~~fiberoptic~~ endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	XXX	0.63 (No Change)
▲92616(e)		Flexible ~~fiberoptic~~ endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; (If flexible fiberoptic or endoscopic evaluation of swallowing is performed without cine or video recording, use 92700) (Do not report with 31575)	XXX	1.88 (No Change)
▲92617(e)		Flexible ~~fiberoptic~~ endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	XXX	0.79 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31575 Tracking Number B3 Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.00**
Global Period: 000 RUC Recommended RVU: **1.00**

CPT Descriptor: Laryngoscopy, flexible; diagnostic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A sixty-five year old man with a smoking history presents with symptoms of hoarseness and odynophagia for the past six weeks and a left neck mass on physical examination. The patient cannot tolerate a mirror examination of the hypopharynx and larynx. A flexible laryngoscopy 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 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? 12%

Description of Pre-Service Work: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Scrub and glove hands. Perform vasoconstriction on nose and anesthetize topically. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: Pass the flexible laryngoscope through the selected nostril and note any nasal abnormality. Examine the nasopharynx with particular attention to the fossa of Rosenmueller bilaterally, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, tonsillar size, any masses present, and airway competency. Examine the hypopharynx next, looking at the base of tongue, lateral pharyngeal walls, piriform sinuses, laryngeal elevation, and postcricoid area at rest during phonation and swallowing. Pay particular attention to any masses or abnormalities in motion or sensation. Examine the larynx next, first looking at the epiglottis for shape, motion, and any masses present. Examine the endolarynx next, looking at the petiole of the epiglottis, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest during phonation and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa. The scope is removed and patient is observed for respiration and epistaxsis.

Description of Post-Service Work: Discuss findings with the patient and/or family and review and implement treatment options. Dictate a procedure note along with a letter to the referring physician. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	31575				
Sample Size:	3806	**Resp N:** 205	**Response:** 5.3 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	150.00	**300.00**	500.00	2700.00
Survey RVW:	0.81	1.18	**1.32**	1.60	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	3.00	**5.00**	5.00	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:	31575	**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:		**8.00**	**17.00**	**-9.00**
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)

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
31231	000	1.10	**RUC Time**

CPT Descriptor Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43197	000	1.52	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (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
12011	000	1.07	**RUC Time**	87,177

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cmor less

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
	000		**RUC Time**

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: 121 **% of respondents:** 59.0 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31575	Top Key Reference CPT Code: 31231	2nd Key Reference CPT Code: **43197**
Median Pre-Service Time	14.00	11.00	23.00
Median Intra-Service Time	5.00	7.00	15.00
Median Immediate Post-service Time	5.00	3.00	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	**24.00**	**21.00**	**48.00**
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

	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	0.74	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.32	0.52
Urgency of medical decision making	0.66	0.45
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.31	-0.15
Physical effort required	0.21	-0.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.17	-0.55
Outcome depends on the skill and judgment of physician	0.29	0.27
Estimated risk of malpractice suit with poor outcome	0.39	-0.24

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.41	0.03

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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 205 responses.

Physician Time:

Pre-Service Time
To be consistent with RUC policy of taking the lesser of the survey time or package time, we are reducing the evaluation time down to 10 minutes in accordance with our survey. We then elected, based on prefacilitation's guidance, to reduce the eval time by an additional 2 minutes to account for the overlapping work of the E/M reported on the same day. This totals 8 minutes of evaluation time. The same is true for the positioning time down to 1 minute to be consistent with the package. For SDW, however, we are increasing to 5 minutes which is the agreed upon time by the RUC for applying local/topical anesthesia and waiting for it to take effect prior to beginning the procedure, and is also the recommendation of our expert survey review panel. **Therefore we recommend a pretime of 14 minutes.**

Intra-Service Time
We are recommending our survey time of 5 minutes for intra service work. **As a result, we are recommending an intra service time of 5 minutes for CPT 31575**.

Post-Service Time
The expert panel concluded that reducing the post service package time of 18 minutes down to the median post-service time of 5 minutes, in accordance with our survey responses, was appropriate. The expert panel **recommends a post-service time of 5 minutes.** We believe this more than accounts for the standard reduction in time for an E/M on the same day.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends a value below existing value and below the 25th percentile of our survey, for an RVW of 1.00**.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
31575	1.00	.1292	24	14	5	5
31231	1.10	0.1226	21	11	7	3

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids; 2.5 cm or less	1.07	.068	24	7	12	5
31575	Laryngoscopy, flexible; diagnostic	1.00	.1292	24	14	5	5
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15

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 31575, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	RVW	Pre	Intra	Post	Total	IWPUT	RUC reviewed
64405	Injection, anesthetic agent; greater occipital nerve	0.94	7	5	10	22	0.1118	Oct10
67515	Injection of medication or other substance into Tenon's capsule	1.4	11	5	5	21	0.2083	Aug05
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	1.44	12	5	5	22	0.2261	Oct09
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	1.44	15	5	5	25	0.2127	Aug05
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	1.53	18	5	5	28	0.2173	Apr12

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) 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? Commonly

Specialty Radiation Oncology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1883367
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare volume based on the RUC database multiplied by a factor of 3.

Specialty Otolaryngology Frequency 1751531 Percentage 92.99 %

Specialty Radiation Oncology Frequency 45200 Percentage 2.39 %

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? 627,789 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 the 2014 Medicare utilization from the RUC database.

Specialty Otolaryngology Frequency 583843 Percentage 92.99 %

Specialty Radiation Oncology Frequency 15067 Percentage 2.40 %

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 31575

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:31576 Tracking Number B4 Original Specialty Recommended RVU: **1.95**
Presented Recommended RVU: **1.95**
Global Period: 000 RUC Recommended RVU: **1.95**

CPT Descriptor: Laryngoscopy, flexible; with biopsy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A sixty-seven year old man with a smoking history presents with a six week history of hoarseness. A lesion on the left aryepiglottic cord is identified. Flexible laryngoscopy with biopsy of the lesion 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? 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? 10%

Description of Pre-Service Work: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: After an appropriate time for the action of anesthetic and decongestant agents, the flexible laryngoscope is passed through the selected nostril. Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, including the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest, during phonation, and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa.

Anesthesia is applied to the area around the lesion to be biopsied by dripping topical lidocaine through a catheter inserted through the working side channel of the flexible laryngoscope. An appropriate period for anesthesia to take effect is allowed. The biopsy forceps are passed through the working side channel and forceps are used to biopsy the desired area. The forceps and the entire flexible endoscope along with the biopsy specimen are removed.

Description of Post-Service Work: The scope is removed and patient is observed for airway patency and bleeding. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	31576				
Sample Size:	3806	**Resp N:** 79	**Response:** 2.0 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**12.00**	20.00	300.00
Survey RVW:	1.30	1.95	**2.50**	3.00	15.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	10.00	**10.00**	15.00	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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	31576	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**17.00**	**-2.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**4.00**
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
43198	000	1.82	**RUC Time**

CPT Descriptor Esophagoscopy, flexible transnasal; with biopsy, single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31237	000	2.60	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

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
12011	000	1.07	**RUC Time**	87,177

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cmor less

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
31231	000	1.10	**RUC Time**

CPT Descriptor Nasal endoscopy, diagnostic; unilateral or bilateral (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: 19 **% of respondents:** 24.0 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 22.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31576	Top Key Reference CPT Code: 43198	2nd Key Reference CPT Code: **31237**
Median Pre-Service Time	25.00	23.00	23.00
Median Intra-Service Time	10.00	20.00	20.00
Median Immediate Post-service Time	10.00	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	**45.00**	**53.00**	**48.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the

	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	0.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.26	0.17
Urgency of medical decision making	0.42	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.42	0.50
Physical effort required	0.26	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.42	0.44
Outcome depends on the skill and judgment of physician	0.42	0.50
Estimated risk of malpractice suit with poor outcome	0.42	0.61

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.74	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 79 responses.

Physician Time:
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. Specifically, we recommend a **pre-service time of 25 minutes, an intra-service time of 10 minutes, and a post-service time of 10 minutes for a total of 45 minutes**.

Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. Our total preservice time recommendation, based on the survey time provided, is a **pre-service time of 25 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 10 minutes for CPT 31576.**

Post-Service Time
The expert panel took the prefacilitation committee's recommendation to reduce our initial request of the package 18 minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 1.95**.

The recommendation for a 1.95 RVW is further supported by the key reference code—CPT 43198 at 1.82 RVW. Survey respondents indicated that the biopsy procedure was higher in intensity/complexity to the reference code across all measures. Additionally, the total time for the key reference code is 53 minutes as compared to the recommended total time of 56 minutes for the surveyed code. Thus, a slightly higher work RVU is appropriate for CPT 31576. We are providing the following reference tables, which include MPC reference codes and other RUC reviewed services that support our requested values for physician time and work for 31576.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
31576	1.95	.1295	45	25	10	10
43198	1.82	0.0576	53	23	20	10

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids; 2.5 cm or less	1.07	.068	24	7	12	5
31576	Laryngoscopy, flexible; with biopsy(s)	1.95	.1295	45	25	10	10
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15

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 31576.

Additional Reference Codes

CPT Code	Long Desc	Work RVU	Total Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	1.81	29	20	11	60	Apr08	0.0493
47000	Biopsy of liver, needle; percutaneous	1.90	25	20	15	60	Oct10	0.0538
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	1.92	30	20	10	60	Apr03	0.0548
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	1.96	21	30	10	61	Apr04	0.0426
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	2	20	30	15	65	Apr13	0.0434

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) 31576

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? Sometimes

Specialty Allergy How often? Rarely

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2190
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare volume based on the RUC database multiplied by a factor of 3.

Specialty Otolaryngology Frequency 2037 Percentage 93.01 %

Specialty Allergy Frequency 66 Percentage 3.01 %

Specialty Internal Medicine Frequency 17 Percentage 0.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 730
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 the 2014 Medicare utilization from the RUC database.

Specialty Otolaryngology Frequency 679 Percentage 93.01 %

Specialty Allergy Frequency 22 Percentage 3.01 %

Specialty Internal Medicine Frequency 6 Percentage 0.82 %

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 31576

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:31577 Tracking Number B5 Original Specialty Recommended RVU: **2.25**
Presented Recommended RVU: **2.25**
Global Period: 000 RUC Recommended RVU: **2.25**

CPT Descriptor: Laryngoscopy, flexible; with removal of foreign body(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A fifty-six year old woman presents with a feeling of something stuck in her throat. A fish bone lodged in the larynx is identified as the cause of the symptom. Flexible laryngoscopy with removal of the foreign body 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? 22%

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: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges Allow adequate time (typically five minutes) for medications to work..

Description of Intra-Service Work: After an appropriate time for the action of anesthetic and decongestant agents, the flexible laryngoscope is passed through the selected nostril Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area Examine the larynx next, including the epiglottis , the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea as indicated. Identify the foreign body and apply anesthesia to the area involved by dripping topical lidocaine through a catheter inserted through the working side channel of the flexible laryngoscope. An appropriate period of time for anesthesia to take effect is allowed.

Forceps are inserted through the working channel of the endoscope. Under direct visualization the foreign body is grasped and extracted. The hypopharynx, oropharynx and larynx are reexamined to evaluate for any additional foreign bodies and evidence of injury. The flexible endoscope is removed.

CPT Code: 31577

Description of Post-Service Work: The scope is removed and patient is observed for airway patency and bleeding. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	31577				
Sample Size:	3806	**Resp N:** 87	**Response:** 2.2 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**4.00**	5.00	500.00
Survey RVW:	0.01	2.25	**2.60**	3.25	20.00
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	10.00	**15.00**	15.00	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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	31577	**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:		**13.00**	**17.00**	**-4.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**4.00**
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
43215	000	2.54	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with removal of foreign body(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43198	000	1.82	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transnasal; with biopsy, single or multiple

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
12011	000	1.07	**RUC Time**	87,177

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cmor less

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
43226	000	2.34	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dialtor(s) over guide wire

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: 12 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31577	Top Key Reference CPT Code: 43215	2nd Key Reference CPT Code: **43198**
Median Pre-Service Time	23.00	33.00	23.00
Median Intra-Service Time	15.00	20.00	20.00
Median Immediate Post-service Time	10.00	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	**48.00**	**63.00**	**53.00**
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

	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	0.13	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.13	-0.17
Urgency of medical decision making	0.57	0.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.43	0.33
Physical effort required	0.27	0.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.47	0.42
Outcome depends on the skill and judgment of physician	0.50	0.58
Estimated risk of malpractice suit with poor outcome	0.57	0.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.57	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 87 responses.

Physician Time:
Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. We also removed an additional 2 minutes of evaluation time to account for the E/M typically perfumed on the same date of service. Our total preservice time recommendation, based on the survey time provided, is a **pre-service time of 23 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 15 minutes for CPT 31577.**

Post-Service Time
minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 23 minutes, intra time of 15 minutes, and post time of 10 minutes for a total of 48 minutes for CPT 31577.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 2.25**.

The recommendation for a 2.25 RVW is further supported by the key reference code—CPT 43215 at 2.54 RVWs. Survey respondents indicated that the removal of foreign body procedure was higher in intensity/complexity to the reference code across all measures. Additionally, given that the total time for the key reference code is 63 minutes which is greater than the recommended 61 minutes for the surveyed code, we believe this recommendation shows relativity across the fee schedule based on the surveyed code being higher in intensity, but shorter in time, and as a result being .24 RVWs less. We are providing the following reference tables, which include MPC reference codes and other RUC reviewed services that support our requested values for physician time and work for 31577.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
31577	2.25	.1093	48	23	15	10
43215	2.54	.0824	63	33	20	10

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids; 2.5 cm or less	1.07	.068	24	7	12	5
31577	Laryngoscopy, flexible; with removal of foreign body(s)	2.25	.1093	48	23	15	10
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15

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) 31577

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? Sometimes

Specialty Emergency Medicine How often? Rarely

Specialty Pulmonary How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 351
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare volume based on the RUC database multiplied by a factor of 3.

Specialty Otolaryngology Frequency 305 Percentage 86.89 %

Specialty Emergency Medicine Frequency 18 Percentage 5.12 %

Specialty Pulmonary Frequency 14 Percentage 3.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 117
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 the 2014 Medicare utilization from the RUC database.

Specialty Otolaryngology Frequency 101 Percentage 86.32 %

Specialty Emergency medicine Frequency 6 Percentage 5.12 %

Specialty Pulmonary Frequency 5 Percentage 4.27 %

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 31577

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:31578 Tracking Number B6 Original Specialty Recommended RVU: **2.55**
Presented Recommended RVU: **2.49**
Global Period: 000 RUC Recommended RVU: **2.49**

CPT Descriptor: Laryngoscopy, flexible; with removal of lesion(s), non-laser

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A forty-two year old male with a vocal cord process granuloma. Flexible laryngoscopy with piecemeal removal of lesion 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? 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? 10%

Description of Pre-Service Work: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: Pass the flexible laryngoscope through the selected nostril Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, including the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest, during phonation, and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa.

Anesthesia is applied to the area around the lesion to be biopsied by dripping topical lidocaine through a catheter inserted the working side channel of the flexible laryngoscope. An appropriate period for anesthesia to take effect is allowed. The biopsy forceps are passed through the working side channel and forceps are used to remove the lesion. The forceps and the entire flexible endoscope along with the specimen are removed.

CPT Code: 31578

Description of Post-Service Work: The scope is removed and patient is observed for airway patency and bleeding. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	31578				
Sample Size:	3806	**Resp N:** 60	**Response:** 1.5 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**6.00**	11.00	250.00
Survey RVW:	1.50	2.55	**2.90**	3.93	20.00
Pre-Service Evaluation Time:			**16.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	10.00	**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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	31578	**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:		**16.00**	**17.00**	**-1.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**4.00**
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
43217	000	2.90	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with removal of tumor(s), polup(s), or ther lesion(s) by snare technique

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43216	000	2.40	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or lesion(s) by hot biopsy forceps

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
12011	000	1.07	**RUC Time**	87,177

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cmor less

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
43215	000	2.54	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with removal of foreign body(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: 12 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31578	Top Key Reference CPT Code: 43217	2nd Key Reference CPT Code: **43216**
Median Pre-Service Time	26.00	33.00	33.00
Median Intra-Service Time	15.00	30.00	22.00
Median Immediate Post-service Time	10.00	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	**51.00**	**73.00**	**65.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the

	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	0.42
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.25
Urgency of medical decision making	0.42	0.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.75	0.50
Physical effort required	0.67	0.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.50	0.33
Outcome depends on the skill and judgment of physician	0.33	0.67
Estimated risk of malpractice suit with poor outcome	0.75	0.17

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.58	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 60 responses.

Physician Time:
Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. Our total preservice time recommendation, based on the survey time provided, is a **pre-service time of 26 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 15 minutes for CPT 31578.**

Post-Service Time
The expert panel took the prefacilitation committee's recommendation to reduce our initial request of the package 18 minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 26 minutes, intra time of 15 minutes, and post time of 10 minutes for a total of 51 minutes for CPT 31578.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 2.49**.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
31578	2.49	.1208	51	26	15	10
43217	2.90	.0669	73	33	30	10

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids; 2.5 cm or less	1.07	.068	24	7	12	5
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	2.49	.1208	51	26	15	10
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15

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) 31578

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 855
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare volume based on the RUC database multiplied by a factor of 3.

Specialty Otolaryngology Frequency 839 Percentage 98.12 %

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? 285
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 the 2014 Medicare utilization from the RUC database.

Specialty Otolaryngology Frequency 279 Percentage 97.89 %

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 31578

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:317X1 Tracking Number B7 Original Specialty Recommended RVU: **3.27**
Presented Recommended RVU: **3.07**
Global Period: 000 RUC Recommended RVU: **3.07**

CPT Descriptor: Laryngoscopy, flexible; with ablation or destruciton of lesion(s) with laser, unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 37- year-old female has a history of recurrent laryngeal papillomatosis, which are symptomatic. Flexible laryngoscopy with laser ablation of the papillomas 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? 31%

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? 1200%

Description of Pre-Service Work: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing and eye protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: After an appropriate time for the action of anesthetic and decongestant agents, the flexible laryngoscope is passed through the selected nostril. Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, including the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest, during phonation, and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa.

Anesthesia is applied around the lesion by dripping topical lidocaine through a catheter inserted through the working side channel of the flexible laryngoscope. An appropriate period for anesthesia to take effect is allowed. The laser fiber is inserted through the side channel. Laser safety precautions according to ANSI standards are used. Laser energy is applied to the area to be ablated or until the desired effect is achieved.

CPT Code: 317X1

Description of Post-Service Work: The scope is removed and patient is observed for airway patency and bleeding. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	317X1				
Sample Size:	3806	**Resp N:** 58	**Response:** 1.5 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	7.00	**20.00**	50.00	300.00
Survey RVW:	1.80	3.27	**4.10**	4.65	20.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	10.00	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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	317X1	**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:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**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
43211	000	4.30	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with endoscopic mucosal resection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.29	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	59,947

CPT Descriptor 2 Debridement, bone (includes epdiermis, dermis, subcutaneous tissue, muscle, fascia, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, includin fluroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), isngle or multiple sites

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: 7 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 317X1	Top Key Reference CPT Code: 43211	2nd Key Reference CPT Code: **31296**
Median Pre-Service Time	30.00	41.00	43.00
Median Intra-Service Time	20.00	45.00	30.00
Median Immediate Post-service Time	10.00	18.00	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**	**104.00**	**88.00**
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

	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	0.86
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.65	0.29
Urgency of medical decision making	0.65	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.18	0.29
Physical effort required	0.82	0.86

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.82	0.57
Outcome depends on the skill and judgment of physician	1.29	0.57
Estimated risk of malpractice suit with poor outcome	1.06	0.57

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.24	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 58 responses.

Compelling Evidence:
We believe that compelling evidence is met for the three new codes in this family based on the fact that codes 3157X1-X3 all represent new technologies, not previously captured by any existing CPT codes. There have been changes in technology with the development of micro-instruments and new techniques that now allow for performance of these procedures via the flexible scope. Prior to the development of these instruments and techniques, these procedures had to be performed in the operating room through a rigid laryngoscope.

Physician Time:
Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. Our total preservice time recommendation, based on the survey time provided, is a **pre-service time of 30 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 20 minutes for CPT 3157X1**.

Post-Service Time

The expert panel took the prefacilitation committee's recommendation to reduce our initial request of the package 18 minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 30 minutes, intra time of 20 minutes, and post time of 10 minutes for a total of 60 minutes for CPT 3157X1.

Physician Work RVU

Following the prefacilitation committee discussion, the expert panel **recommends a crosswalked value below the 25th percentile, for an RVW of 3.07.** This is based on CPT 43250 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps which has a value of 3.07 RVUs and times of 24/20/14, totaling 58 minutes. This code was valued in January of 2013 by the RUC.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
3157X1	3.07	.1151	60	30	20	10
43211	4.30	.0678	104	41	45	18

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15
3157X1	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	3.07	.1151	60	30	20	10
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	.0605	116	51	45	20

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) 31578

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 430
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe that people are typically reporting this service using 31578 and expect that at least half of the volume of 31578 will be redistributed to the new X1 code. This would be 143 services per year for the Medicare popoulation, based on 50% of the 2014 volume in the RUC database for 31578. We then multiplied that by three to give an idea of the anticipated national volume for this new code.

Specialty Otolaryngology Frequency 430 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? 143
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate 50% of the volume of 31578 will be redistributed to this new code. The volume for 31578 was 285 in 2014.

Specialty Otolaryngology Frequency 143 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:
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. 31578

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:317X2 Tracking Number B8 Original Specialty Recommended RVU: **2.74**
Presented Recommended RVU: **2.49**
Global Period: 000 RUC Recommended RVU: **2.49**

CPT Descriptor: Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old woman presents with voice changes after intubation for cholecystectomy. Examination reveals a traumatic injury to a vocal cord with severe inflammation. Flexible laryngoscopy with injection of steroids into a vocal cord 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 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? 16%

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 patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: After an appropriate time for the action of anesthetic and decongestant agents, the flexible laryngoscope is passed through the selected nostril. Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, including the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest, during phonation, and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa.

Anesthesia is applied to the area around the lesion to be biopsied by dripping topical lidocaine through a catheter inserted through the working side channel of the flexible laryngoscope. An appropriate period for anesthesia to take effect is allowed. The injection needle is passed beside the endoscope, through the working side channel. The syringe is depressed

and the therapeutic agent is delivered into the appropriated area until the desired amount is injected. The needle and/or the entire flexible endoscope along with the needle are removed. The needle and the entire laryngoscope are reinserted as needed for additional injections.

Description of Post-Service Work: : The scope is removed and patient is observed for airway patency and bleeding. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	317X2				
Sample Size:	3806	**Resp N:** 62	**Response:** 1.6 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	48.00	400.00
Survey RVW:	1.52	2.74	**3.32**	4.00	20.00
Pre-Service Evaluation Time:			**17.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	3.00	10.00	**15.00**	15.00	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:	317X2	**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:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**4.00**
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
31625	000	3.36	**RUC Time**

CPT Descriptor Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.29	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	59,947

CPT Descriptor 2 Debridement, bone (includes epdiermis, dermis, subcutaneous tissue, muscle, fascia, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
31238	000	2.74	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

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: 13 **% of respondents:** 20.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 16.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 317X2	**Top Key Reference CPT Code:** 31625	**2nd Key Reference CPT Code:** **31296**
Median Pre-Service Time	27.00	25.00	43.00
Median Intra-Service Time	15.00	30.00	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	**52.00**	**70.00**	**88.00**
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

	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	1.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.15	0.70
Urgency of medical decision making	0.00	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.69	1.10
Physical effort required	0.31	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	0.90
Outcome depends on the skill and judgment of physician	0.85	1.20
Estimated risk of malpractice suit with poor outcome	0.23	0.40

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.54	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 62 responses.

Compelling Evidence:
We believe that compelling evidence is met for the three new codes in this family based on the fact that codes 3157X1-X3 all represent new technologies, not previously captured by any existing CPT codes. There have been changes in technology with the development of micro-instruments and new techniques that now allow for performance of these procedures via the flexible scope. Prior to the development of these instruments, these procedures had to be performed in the operating room through a rigid laryngoscope.

Physician Time:
Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. Specifically, we recommend a **pre-service time of 27 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 15 minutes for CPT 3157X2**.

Post-Service Time
The expert panel took the prefacilitation committee's recommendation to reduce our initial request of the package 18 minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 27 minutes, intra time of 15 minutes, and post time of 10 minutes for a total of 52 minutes for CPT 3157X2.

Physician Work RVU

Following the prefacilitation committee discussion, the expert panel **recommends a crosswalked value below the 25th percentile of 2.49 RVUs.** This is based on a crosswalk to CPT 43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple. This code has a value of 2.49 RVUs and identical intra time and 54 minutes of total time. This code was valued in January of 2013 by the RUC.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
3157X2	2.49	.1193	52	27	15	10
31625	3.36	.0869	70	25	30	15

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15
3157X2	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	2.49	.1193	52	27	15	10
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	.0605	116	51	45	20

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 3157x2.

Additional Reference Codes

CPT Code	Descriptor	RVW	Pre	Intra	Post	Total Time	IWPUT	RUC Reviewed
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	2.68	30	20	10	60	0.0928	Apr03
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.7	25	20	15	60	0.0938	Apr08
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	2.77	27	20	15	62	0.095	Jan13
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2.78	20	30	15	65	0.0689	Aug05
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s),	2.86	30	20	10	60	0.1018	Sept07

	image documentation and report							

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) 31599

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1659
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 31599 was reported 1105 times in 2014 per the RUC database. We estimate that half of this volume will be attributed to the new X2 code and half of it will be attributed to the new X3 code. We then multiplied that figure by three to estimate the national volume of these services.

Specialty Otolaryngology Frequency 1659 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? 553
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. 31599 was reported 1105 times in 2014 per the RUC database. We estimate that half of this volume will be attributed to the new X2 code and half of it will be attributed to the new X3 code.

Specialty Otolaryngology Frequency 553 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:
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. 31578

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:317X3 Tracking Number B9 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **2.49**
Global Period: 000 RUC Recommended RVU: **2.49**

CPT Descriptor: Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male has undergone cervical spine surgery. He awoke dysphonic and on examination, reduced movement of the right vocal cord is noted. His voice is not adequate for daily function. Flexible laryngoscopy with vocal cord augmentation with a filler substance 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 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? 10%

Description of Pre-Service Work: Review patient's record with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Discuss procedure with patient and/or family and answer questions. Obtain informed consent and check equipment. Position patient. Place clothing protection. Wash and glove hands. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: After an appropriate time for the action of anesthetic and decongestant agents, the flexible laryngoscope is passed through the selected nostril. Examine the nasopharynx with Eustachian tubes, the posterior wall, looking for masses or abnormal adenoid size, palatal elevation, and closure and lateral wall movement. Then examine the oropharynx, looking at palatal/uvular length, and tonsillar size. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, including the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform an examination at rest, during phonation, and swallowing. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, glottic competence, and the posterior glottic mucosa. An appropriate period for anesthesia to take effect is allowed. Injection augmentation may be performed either through a transoral approach, percutaneous transluminal approach or through a percutaneous submucosal approach. If transoral or transluminal approaches are chosen, then under flexible endoscopic guidance, the topical anesthesia is applied to the larynx either by dripping lidocaine 2 or 4% through a catheter inserted beside the endoscope or into the working side channel of the flexible laryngoscope or by injected the lidocaine percutaneously into the supraglottis, cervical trachea or subglottis. If the lidocaine is dripped from above, then the patient is asked to phonate sustained vowels to keep

the anesthetic agent on the vocal folds. A wheal of anesthetic agent may also be infiltrated into the cervical skin if desired. After an appropriate period for anesthesia to be complete, the injection needle is inserted into the lateral aspect of the vocal fold to be injected and injection augmentation undertaken with the desired substance. Until the desired anatomic or voicing effect is achieved. The needle and the entire flexible endoscope along are removed.

Description of Post-Service Work: The scope is removed and patient is observed for airway patency and bleeding. The post procedure voice is evaluated. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	317X3				
Sample Size:	3806	**Resp N:** 69	**Response:** 1.8 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	45.00	400.00
Survey RVW:	2.00	3.00	**3.86**	4.70	20.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	4.00	15.00	**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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	317X3	**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:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**5.00**	**4.00**
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
43211	000	4.30	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transoral; with endoscopic mucosal resection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
31296	000	3.29	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11044	000	4.10	**RUC Time**	59,947

CPT Descriptor 2 Debridement, bone (includes epdiermis, dermis, subcutaneous tissue, muscle, fascia, if performed); first 20 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
31238	000	2.74	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

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:** 17.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 317X3	**Top Key Reference CPT Code:** 43211	**2nd Key Reference CPT Code:** **31296**
Median Pre-Service Time	30.00	41.00	43.00
Median Intra-Service Time	15.00	45.00	30.00
Median Immediate Post-service Time	10.00	18.00	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**	**104.00**	**88.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the

	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	0.42	0.80
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.40
Urgency of medical decision making	0.00	0.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.25	0.80
Physical effort required	1.17	0.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.92	0.90
Outcome depends on the skill and judgment of physician	1.42	1.10
Estimated risk of malpractice suit with poor outcome	0.75	0.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.50	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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 69 responses.

Compelling Evidence:
We believe that compelling evidence is met for the three new codes in this family based on the fact that codes 3157X1-X3 all represent new technologies, not previously captured by any existing CPT codes. There have been changes in technology with the development of micro-instruments and new techniques that now allow for performance of these procedures via the flexible scope. Prior to the development of these instruments, these procedures had to be performed in the operating room through a rigid laryngoscope.

Physician Time:
Pre-Service Time
The expert panel recommends preservice package 6A, as this procedure is done utilizing local anesthesia. As is consistent across this family of codes, our expert panel agreed that survey respondents accounted for the time required to apply the secondary topical anesthesia to the larynx during the preservice time. Therefore, we are redistributing 4 minutes of positioning time to SDW, totaling 9 minutes for SDW. Specifically, we recommend a **pre-service time of 30 minutes.**

Intra-Service Time
The expert panel agreed with the median survey times for intraservice work and as **a result, we are recommending an intra service time of 15 minutes for CPT 3157X3**.

Post-Service Time
The expert panel took the prefacilitation committee's recommendation to reduce our initial request of the package 18 minutes for post time down to the survey's median post-service time of 10 minutes. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 30 minutes, intra time of 15 minutes, and post time of 10 minutes for a total of 55 minutes for CPT 3157X3.

Physician Work RVU

Following the prefacilitation committee discussion, the expert panel **recommends a crosswalked value below the 25th percentile of 2.49 RVUs.** This is based on a crosswalk to CPT 43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple. This code has a value of 2.49 RVUs and identical intra time and 54 minutes of total time. This code was valued in January of 2013 by the RUC.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
3157X3	2.49	.1148	55	30	15	10
43211	4.30	.0678	104	41	45	18

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15
3157X3	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	2.49	.1148	55	30	15	10
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	.0605	116	51	45	20

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 3157x3.

Additional Reference Codes

CPT Code	Descriptor	RVW	Pre	Intra	Post	Total	IWPUT	RUC Review
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3.01	27	20	15	62	0.107	Jan13
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	3.12	22	30	15	67	0.0792	Oct12
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.21	23	30	15	68	0.081	Jan13
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	3.29	22	30	15	67	0.0849	Apr13

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) 31599

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1659
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 31599 was reported 1105 times in 2014 per the RUC database. We estimate that half of this volume will be attributed to the new X2 code and half of it will be attributed to the new X3 code. We then multiplied that figure by three to estimate the national volume of these services.

Specialty Otolaryngology Frequency 1659 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? 553
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 31599 was reported 1105 times in 2014 per the RUC database. We estimate that half of this volume will be attributed to the new X2 code and half of it will be attributed to the new X3 code.

Specialty Otolaryngology Frequency 553 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:
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. 31578

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31579 Tracking Number B10 Original Specialty Recommended RVU: **1.94**
Presented Recommended RVU: **1.94**
Global Period: 000 RUC Recommended RVU: **1.94**

CPT Descriptor: Laryngoscopy, flexible or rigid telescopic, with stroboscopy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A sixty-five year old woman presents with voice changes including loss of vocal range, increased roughness, and vocal fatigue, impeding her ability to communicate. Stroboscopy is performed to evaluate vocal cord vibration and glottic closure .

Percentage of Survey Respondents who found Vignette to be Typical: 99%

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? 11%

Description of Pre-Service Work: Review patient's records with particular attention to sinonasal, breathing, vocal, and swallowing history. Review anatomy. Note any radiographic studies or nasal endoscopic findings. Review records from referring otolaryngologist and/or speech language pathologist. Discuss procedure with the patient and/or family and answer questions. Obtain informed consent and check equipment (stroboscope and video system). Position patient. Wash and glove hands Assure positioning of microphone is adequate for recording focal fold vibratory frequency. Topical decongestants and anesthesia are applied to the nasal mucosa either by atomizer spray or by the placement of soaked gauze or sponges. Allow adequate time (typically five minutes) for medications to work.

Description of Intra-Service Work: Pass the flexible laryngoscope through the selected nostril and perform the examination.) Examine the oropharynx, looking at palatal/uvular length, tonsillar size, base of tongue and airway competency. Examine the hypopharynx next, looking at the lateral pharyngeal walls, pyriform sinuses, laryngeal elevation, and postcricoid area at rest, during phonation and swallowing. Examine the larynx next, first looking at the epiglottis, the petiole, the false vocal folds, the ventricles, the true vocal folds, the subglottic region, and the upper trachea. Perform the exam starting at rest, during various types of phonatory tasks, deep and shallow inspiration. Constantly instructing patient on breathing and phonatory tasks. Assess vocal fold appearance, mucus consistency and amount, vocal fold mobility, sensation, vocal fold lesions or excrescences, and the posterior glottic mucosa. Perform a stroboscopic evaluation of the vocal folds with particular attention to vocal fold vibratory characteristics of symmetry, waveform activity, periodicity, and glottic closure pattern. Simultaneously evaluate the patient's style of voice production to determine if that style produced during the examination is the same style and representative of the styleof voice production used during conversational speech.

The need for the examination determined based on the patient's complaints of voice change, vocal fatigue, and increased vocal effort. The examination is performed with a combination of endoscopes and optical lenses that allow magnification. Under magnification evaluate subtle changes in laryngeal motion, vocal fold muscle tone and mucosa that are possibly responsible for the patient's complaints. These minute details of motion asymmetry, vibratory asymmetry and small mucosal lesions are the key to diagnosing the cause of the patient's voice disorder. Laryngeal stroboscopy is the only examination technique that allows evaluation of both laryngeal structure and function.

The examination is technically and mentally challenging. Once the endoscope is in position, balance the endoscope to keep the larynx centered while testing the patient's voice under different parameters of varied volume and pitch to perform the instrumental voice assessment. During the exam, identify and have the patient produce vocal conditions that will provide best and worst voice production to identify the pathology.

The physician documents the examination on the video system.

Description of Post-Service Work: Select images for review with patient and chart documentation. Discuss findings with the patient and/or family and review and implement treatment options. Document a procedure note. Arrange appropriate referrals, testing, and follow-up.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Peter Manes, MD, Wayne Koch, MD, Mark Courey, MD				
Specialty(s):	AAO-HNS, ALA				
CPT Code:	31579				
Sample Size:	3806	**Resp N:** 103	**Response:** 2.7 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**125.00**	400.00	1000.00
Survey RVW:	0.80	1.94	**2.34**	2.93	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	2.00	5.00	**10.00**	15.00	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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	31579	**Recommended Physician Work RVU: 1.94**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**17.00**	**-9.00**
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:		**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
31237	000	2.60	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43198	000	1.82	**RUC Time**

CPT Descriptor Esophagoscopy, flexible, transnasal; with biopsy, single or multiple

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
12011	000	1.07	**RUC Time**	87,177

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

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 fluroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
11313	000	1.68	**RUC Time**

CPT Descriptor Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over2.0 cm

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:** 13.5 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 31579	Top Key Reference CPT Code: 31237	2nd Key Reference CPT Code: **43198**
Median Pre-Service Time	14.00	23.00	23.00
Median Intra-Service Time	10.00	20.00	20.00
Median Immediate Post-service Time	10.00	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	**34.00**	**48.00**	**53.00**
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

	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	1.07	1.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.64
Urgency of medical decision making	0.57	0.07
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.50	0.64
Physical effort required	0.21	0.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.21	-0.93
Outcome depends on the skill and judgment of physician	1.07	0.71
Estimated risk of malpractice suit with poor outcome	0.14	-0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.29	0.64

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.*

Reason for Survey: Within the 2015 MPFS CMS identified both 31575 and 31579 as potentially misvalued due to their inclusion on the "high expenditure" screen. The Academy responded to an LOI of "CMS Requests" within which these codes were included and indicated our desire to send the entire flexible laryngoscopy family of codes back to CPT for revision and the addition of several codes representing new technology within this family of services. The codes were reviewed and passed by CPT in May 2015, and the family is now being surveyed for the October 2015 RUC meeting.

Survey Sample:
The survey data and recommendations are based upon a random sample of the AAO-HNS and ALA members. The total sample size was 3806 with 103 responses.

Physician Time:
Pre-Service Time
To be consistent with RUC policy of taking the lesser of the survey time or package time, we are reducing the evaluation time down to 10 minutes in accordance with our survey. We then elected, based on prefacilitation's guidance, to reduce the eval time by an additional 2 minutes to account for the overlapping work of the E/M reported on the same day. This totals 8 minutes of evaluation time. The same is true for the positioning time down to 1 minute to be consistent with the package. For SDW, however, we are increasing to 5 minutes which is the agreed upon time by the RUC for applying local/topical anesthesia and waiting for it to take effect prior to beginning the procedure, and is also the recommendation of our expert survey review panel. **Therefore we recommend a pretime of 14 minutes.**

Intra-Service Time
We agree with the survey intraservice time of 10 minutes for CPT 31579. **As a result, we are recommending an intra service time of 10 minutes for CPT 31579.**

Post-Service Time
We also agree with the survey post time of 10 minutes and are reducing the package down to the survey times. The expert panel **recommends a post-service time of 10 minutes.**

Overall, we recommend preservice time of 16 minutes, intra time of 10 minutes, and post time of 10 minutes for a total of 34 minutes for CPT 31579.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends the 25th percentile RVW of 1.94.**

The recommendation for a 1.94 RVW is further supported by the key reference code—CPT 31237 at 2.60 RVWs. Survey respondents indicated that the stroboscopy procedure was higher in intensity/complexity to the reference code across all measures but one. Additionally, given that the total time for the key reference code is 48 minutes which is more than the recommended 36 minutes for the surveyed code, we believe this is a very conservative recommendation for this 31579 and shows relativity across the fee schedule. We also feel this value is appropriate given that it is double the intratime of base code 31575 and the value is virtually doubled as well. We are providing the following reference tables, which include MPC reference codes and other RUC reviewed services that support our requested values for physician time and work for 31579.

Comparison to key reference code

CPT Code	RVW	IWPUT	Total Time	PRE	INTRA	POST
31579	1.94	.1474	34	14	10	10
31237	2.60	.1022	48	23	20	5

Comparison to MPC codes

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	.068	24	7	12	5
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	1.94	.1474	34	14	10	10
31622	Bronchosocpy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic; with cell washing	2.78	.0689	65	20	30	15

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) 31579

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? Commonly

Specialty SLP How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 201549
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 volume per the RUC database, multipled by a factor of 3.

Specialty Otolaryngology Frequency 191472 Percentage 95.00 %

Specialty SLP Frequency 4031 Percentage 2.00 %

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? 67,183 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 2014 Medicare volume per the RUC database

Specialty Otolaryngology Frequency 63824 Percentage 95.00 %

Specialty SLP Frequency 1344 Percentage 2.00 %

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 31579

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: Flexible Laryngoscopy
TAB: 8

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	121	0.1226			1.10			21	5	1	5			7			3
17	CROSSWALK	20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)		0.1418			1.00			18	8					5			5
18	CURRENT				0.0904			1.10			28	5	5	5			8			5
19	SVY	31575	Laryngoscopy, flexible; diagnostic	205	0.1830	0.81	1.18	1.32	1.60	10.00	25	10	2	3	1	3	5	5	30	5
20	REC				0.1292			1.00			24	8	1	5			5			5
21																				
22	REF	43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	19	0.0576			1.82			53	17	1	5			20			10
23	CURRENT				0.0413			1.97			61	14					32			15
24	SVY	31576	Laryngoscopy, flexible; with biopsy(s)	79	0.1788	1.30	1.95	2.50	3.00	15.00	45	15	5	5	4	10	10	15	45	10
25	REC				0.1295			1.95			45	15	1	9			10			10
26																				
27	REF	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	13	0.0824			2.54			63	25	3	5			20			10
28	CURRENT				0.0474			2.47			69	16					37			16
29	SVY	31577	Laryngoscopy, flexible; with removal of foreign body(s)	87	0.1258	0.01	2.25	2.60	3.25	20.00	50	15	5	5	1	10	15	15	45	10
30	REC				0.1093			2.25			48	13	1	9			15			10
31																				
32	REF	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp*s), or other lesion(s) by snare technique	17	0.0669			2.90			73	25	3	5			30			10
33	CROSSWALK	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		0.1125			2.49			54	19	3	5			15			12
34	CURRENT				0.0508			2.84			87	16	0	15			39			17
35	SVY	31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	60	0.1443	1.50	2.55	2.90	3.93	20.00	51	16	5	5	4	10	15	20	60	10
36	REC				0.1208			2.49			51	16	1	9			15			10
37																				
38	REF	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	23	0.0678			4.30			104	33	3	5			45			18
39	CROSSWALK	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps		0.1145			3.07			58	16	3	5			20			14
40	CURRENT	NEW			#DIV/0!						0									
41	SVY	317X1	Laryngoscopy, flexible; with ablation or destruciton of lesion(s) with laser, unilateral	58	0.1638	1.80	3.27	4.10	4.65	20.00	60	20	5	5	10	15	20	25	60	10
42	REC				0.1151			3.07			60	20	1	9			20			10
43																				
44	REF	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	19	0.0869			3.36			70	10	5	10			30			15
45	CROSSWALK	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		0.1125			2.49			54	19	3	5			15			12
46	CURRENT	NEW			#DIV/0!						0									
47	SVY	317X2	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	62	0.1708	1.52	2.74	3.32	4.00	20.00	52	17	5	5	3	10	15	15	60	10
48	REC				0.1193			2.49			52	17	1	9			15			10
49																				
50	REF	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	24	0.0678			4.30			104	33	3	5			45			18
51	CROSSWALK	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		0.1125			2.49			54	19	3	5			15			12
52	CURRENT	NEW			#DIV/0!						0									
53	SVY	317X3	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	69	0.2024	2.00	3.00	3.86	4.70	20.00	55	20	5	5	4	15	15	20	60	10
54	REC				0.1148			2.49			55	20	1	9			15			10
55																				
56	REF	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	14	0.1022			2.60			48	17	1	5			20			5
57	CURRENT				0.1059			2.26			45	10	5	0			15			15
58	SVY	31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	103	0.1756	0.80	1.94	2.34	2.93	10.00	38	10	5	3	2	5	10	15	45	10
59	REC				0.1474			1.94			34	8	1	5			10			10

8
Tab Number

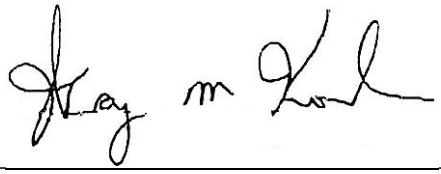
Flexible Laryngoscopy
Issue

31575-31579
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

Wayne Koch, MD
Printed Signature

AAO-HNS
Specialty Society

9/7/15
Date

8
Tab Number

Flexible Laryngoscopy
Issue

31575-31579
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

Peter Manes, MD
Printed Signature

AAO-HNS
Specialty Society

9/7/15
Date

CPT Code:__31575_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; diagnostic

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
We are not recommending any time over the current PE inputs for 31575. We are asking to retain the existing per-service time for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___31575_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; diagnostic

Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Line 38 – We have modified the time to clean the flexible laryngoscope in accordance with the PE standard of 30 minutes.

Line 99 – we are recommending an increased equipment time for the flexible laryngoscope in accordance with CMS’ new definition for calculating equipment time for highly technical pieces of equipment. This was also increased due to the new, longer, cleaning time which is a PE standard.

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: None

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; and coordinate office visits and prescriptions if needed.

CPT Code:__31576_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with biopsy(s)

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
We are not recommending any time over the current PE inputs for 31576. We are asking to retain the existing per-service time for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___31576_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with biopsy(s)

Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

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:

Line 36 – this is the standard PE subcommittee time for monitoring a patient when the total time they are monitored after the procedure is an hour. This is appropriate in this case due to the increased risk of laryngeal bleeding and potential for laryngospasm with airway compromise.

Line 38 – we are recommending an increase to the cleaning time for the scope in accordance with the PE standard of 30 minutes to clean a flexible scope.

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

Line 104 – this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff coordinate pre-service diagnostic and referral forms; coordinate presurgery services; provide pre-service education and obtain consent; and make any follow up phone calls needed.

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

CPT Code:__31577_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with removal of foreign body(s)

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
We are not recommending any time over the current PE inputs for 31577. We are asking to retain the existing per-service time for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___31577_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with removal of foreign body(s)

Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

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:

Line 24 – we are including the standard PE time of 3 minutes to take vitals prior to this procedure.

Line 36 – this is the standard PE subcommittee time for monitoring a patient when the total time they are monitored after the procedure is an hour. This is appropriate in this case due to the increased risk of laryngeal bleeding and potential for laryngospasm with airway compromise.

Line 38 – we are recommending an increase to the cleaning time for the scope in accordance with the PE standard of 30 minutes to clean a flexible scope.

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

Line 104 – this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff coordinate pre-service diagnostic and referral forms; coordinate presurgery services; provide pre-service education and obtain consent; and make any follow up phone calls needed.

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

CPT Code:__31578_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with removal of lesion(s), non-laser

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
We are not recommending any time over the current PE inputs for 31578. We are asking to retain the existing per-service time for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___31578_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with removal of lesion(s), non-laser

Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the codes prior PE inputs as our reference for preparing our recommendations to the PE Subcommittee.

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:

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

Line 104 – this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff coordinate pre-service diagnostic and referral forms; coordinate presurgery services; provide pre-service education and obtain consent; and make any follow up phone calls needed.

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

CPT Code:__317X1_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the previous input from CPT 31578 as our reference for preparing our recommendations to the PE Subcommittee as this was the most similar procedure in the family to use as a comparator.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
This is a new code, so we are not recommending any time over the current PE inputs for 315X1, however, we are requesting that in keeping with the rest of this family of codes, that time be included in the pre-service period for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___317X1_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with ablation or destruction of lesion(s) with laser, unilateral
Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the prior PE inputs for 31578 as that was the service with the most similar PE inputs to the X1-X3 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:
Line 36 – this is the standard PE subcommittee time for monitoring a patient when the total time they are monitored after the procedure is an hour. This is appropriate in this case due to the increased risk of laryngeal bleeding and potential for laryngospasm with airway compromise.

Line 38 – we are recommending an increase to the cleaning time for the scope in accordance with the PE standard of 30 minutes to clean a flexible scope.

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

Line 104 – this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff coordinate pre-service diagnostic and referral forms; coordinate presurgery services; provide pre-service education and obtain consent; and make any follow up phone calls needed.

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

CPT Code:__317X2_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the previous input from CPT 31578 as our reference for preparing our recommendations to the PE Subcommittee as this was the most similar procedure in the family to use as a comparator.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
This is a new code, so we are not recommending any time over the current PE inputs for 315X2, however, we are requesting that in keeping with the rest of this family of codes, that time be included in the pre-service period for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___317X2_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injection percutaneous, transoral or via endoscope channel), unilateral
Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the prior PE inputs for 31578 as that was the service with the most similar PE inputs to the X1-X3 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:
Line 36 – this is the standard PE subcommittee time for monitoring a patient when the total time they are monitored after the procedure is an hour. This is appropriate in this case due to the increased risk of laryngeal bleeding and potential for laryngospasm with airway compromise.

Line 38 – we are recommending an increase to the cleaning time for the scope in accordance with the PE standard of 30 minutes to clean a flexible scope.

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

Line 104 – this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: Staff coordinate pre-service diagnostic and referral forms; coordinate presurgery services; provide pre-service education and obtain consent; and make any follow up phone calls needed.

Intra-Service Clinical Labor Activities: staff obtain vitals; provide education and consent; prepare the room, equipment and supplies; set up the scope; prepare and position the patient; and assist the physician in performing the procedure.

Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

CPT Code:__317X3_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral

Global Period:__000___ Meeting Date:____October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the previous input from CPT 31578 as our reference for preparing our recommendations to the PE Subcommittee as this was the most similar procedure in the family to use as a comparator.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
This is a new code, so we are not recommending any time over the current PE inputs for 315X3, however, we are requesting that in keeping with the rest of this family of codes, that time be included in the pre-service period for staff to coordinate and schedule this procedure when performed in the facility setting, however, the minutes recommend are in keeping with 000 global recommendations for services where extensive use of staff is required for pre-service activities.

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: Staff are assisting with the completion of preservice diagnostic and referral forms, scheduling pre-surgery services, scheduling space in the facility, providing education and obtaining consent, and making follow up phone calls and ordering prescriptions.

Intra-Service Clinical Labor Activities:

None.

Post-Service Clinical Labor Activities: staff also make phone calls after the procedure to follow up with the referring physician and/or order prescriptions, where necessary.

CPT Code:___317X3_____
Specialty Society(‘s)_____AAOHNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Laryngoscopy, flexible or rigid telescopic; with injection(s) for augmentation (eg, percutaneous, transoral, unilateral)

Global Period:__000___ Meeting Date: ___October 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: The practice expense for this code was developed by our expert committee made up of our RUC Advisor and Alternate, as well as a small group of experts who represent members of the AAOHNS and the ALA. These individuals are the most familiar with these services and were able to provide much needed expertise to develop the PE for this family of codes, in particular new codes X1-X3, which represent new technology.

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 utilized the prior PE inputs for 31578 as that was the service with the most similar PE inputs to the X1-X3 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:
Line 36 – this is the standard PE subcommittee time for monitoring a patient when the total time they are monitored after the procedure is an hour. This is appropriate in this case due to the increased risk of laryngeal bleeding and potential for laryngospasm with airway compromise.

Line 38 – we are recommending an increase to the cleaning time for the scope in accordance with the PE standard of 30 minutes to clean a flexible scope.

Line 39 – we are adding in a basic instrument pack and the associated time to clean it (10 minutes) as instruments are clearly needed to perform a biopsy.

Line 102 - this input has time assigned based on CMS’ formula for non-highly technical equipment, including the PE standard time for cleaning.

Line 103 - this input has time assigned based on CMS’ formula for highly technical equipment.

5. Please describe in detail the clinical activities of your staff:

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Post-Service Clinical Labor Activities: staff clean the room and equipment; clean the scope; coordinate office visits and prescriptions if needed; and make follow up phone calls.

	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
1				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.**			**CPT Code 31575**		**CPT Code 31575**		**CPT Code 31576**		**CPT Code 31576**		**CPT Code 31577**		**CPT Code 31577**		**CPT Code 31578**		**CPT Code 31578**		**CPT Code 31578**		**CPT Code 317X1**		**CPT Code 31578**		**CPT Code 317X2**	
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)		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		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**	**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**
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**	**78.0**	**33.0**	**94.0**	**33.0**	**105.0**	**33.0**	**115.0**	**33.0**	**105.0**	**33.0**	**120.0**	**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**	**0.0**	**30.0**	**0.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**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**	**78.0**	**0.0**	**94.0**	**0.0**	**84.0**	**0.0**	**94.0**	**0.0**	**84.0**	**0.0**	**99.0**	**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**	**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**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			**0**	**5**	**0**	**5**	**5**	**5**	**5**	**5**	**0**	**5**	**0**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services			**0**	**10**	**0**	**10**	**3**	**10**	**3**	**10**	**0**	**10**	**0**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**	**7**	**7**	**7**	**7**	**0**	**7**	**0**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**	**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
17	Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
22	*Assemble/review x-ray, lab, path reports*			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**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**	**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
24	Obtain vital signs			**0**	**0**	**0**	**0**	**5**	**0**	**3**	**0**	**0**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
25	Provide pre-service education/obtain consent			**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
26	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Setup scope (non facility setting only)			**5**	**0**	**5**	**0**	**8**	**0**	**5**	**0**	**6**	**0**	**5**	**0**	**8**	**0**	**5**	**0**	**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**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
29	Sedate/apply anesthesia			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**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**	**37**	**0**	**15**	**0**	**39**	**0**	**15**	**0**	**39**	**0**	**20**	**0**	**39**	**0**	**15**	**0**
33	Assist physician/moderate sedation (% of physician 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**
34	**Post-Service**																										
35	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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**	**5**	**0**	**15**	**0**	**5**	**0**	**15**	**0**	**5**	**0**	**15**	**0**	**5**	**0**	**15**	**0**
37	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
38	Clean Scope			**5**	**0**	**30**	**0**	**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**
39	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
40	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**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**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**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**		**n/a**		**n/a**		**n/a**		**n/a**		**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**		**n/a**		**n/a**		**n/a**		**n/a**		**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**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**																										

	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
1				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.			CPT Code 31575		CPT Code 31575		CPT Code 31576		CPT Code 31576		CPT Code 31577		CPT Code 31577		CPT Code 31578		CPT Code 31578		CPT Code 31578		CPT Code 317X1		CPT Code 31578		CPT Code 317X2	
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)		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		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	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
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	0	3	0	3	3	3	3	3	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	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# 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	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	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	0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0
62	pack, basic injection	SA041	pack	0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
63	drape, sterile, for Mayo stand	SB012		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
64	gloves, non-sterile	SB022		1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
65	gown, staff, impervious	SB027		1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	mask, surgical	SB033		2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	needle, 18-27g	SC029		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
68	syringe 5-6ml	SC057		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
69	canister, suction	SD009		0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
70	suction tip, Yankauer	SD122		0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
71	tubing, suction, non-latex (6 ft ouo)	SD132		0	0	0	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
72	gauze, sterile 4in x 4in (10 pack uou)	SG056		1	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
73	Lidocaine 4% soln, topical (xylocaine)	SH050		2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
74	basin, emesis	SJ010		0	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
76	swab-pad, alcohol	SJ053		2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	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	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
78	cup, biopsy specimen non-sterile 4oz	SL035		0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0
79	cup, biopsy-specimen sterile 4oz	SL036		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
80	cup, medicine (1oz size)	SL037		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
81	atomizer tip shield (RhinoGuard)	SM001		1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
82	cleaning brush, endoscope	SM010		2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
83	endoscope anti-fog solution	SM014		2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0
84	enzymatic detergent	SM015		4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0
85	Glutaraldehyde 3.4% (cidex, Maxicide, Wavicide)	SM018		4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0	4	0
86	glutaraldehyde test strips (Cidex, metrex)	SM019		1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
87	Voice Augmentation Gel	NEW		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Kenalog 40 inj	SH084		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NEW	0	1	0
89	Disposable biopsy forceps	NEW		0	0	0	0	NEW	0	1	0	NEW	0	1	0	NEW	0	1	0	0	0	0	0	0	0	0	0
90	Laser fiber	NEW		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NEW	0	1	0	0	0	0	0
91	EQUIPMENT	CODE																									
92	mayo stand	EF015		0	0	0	0	77	0	94		78	0	99	0	84	0	99	0	84	0	104	0	84	0	99	0
93	light, fiberoptic headlight w-source	EQ170		38	0	23	0	77	0	94	0	78	0	99	0	84	0	99	0	84	0	104	0	84	0	99	0
94	suction and pressure cabinet ENT (SMR)	EQ234		38	0	23	0	77	0	94	0	78	0	99	0	84	0	99	0	84	0	104	0	84	0	99	0
95	video printer, color (Sony medical grade)	ED036		38	0	0	0	77	0	0	0	78	0	0	0	84	0	0	0	84	0	0	0	84	0	0	0
96	chair with headrest, exam, reclining	EF008		38	0	23	0	77	0	94	0	78	0	99	0	84	0	99	0	84	0	104	0	84	0	99	0
97	light source, xenon	EQ167		38	0	20	0	77	0	28	0	78	0	33	0	84	0	33	0	84	0	38	0	84	0	33	0
98	endoscopy, rigid, laryngoscopy	ES010		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37	0
99	fiberscope, flexible, rhinolaryngoscopy	ES020		38	0	47	0	77	0	0	0	78	0	60	0	84	0	0	0	84	0	0	0	84	0	0	0
100	video add-on camera system w-monitor (endoscopy)	ES026		38	0	0	0	77	0	0	0	78	0	0	0	84	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	instrument pack, basic ($500-$1499)	EQ137		0	0	0	0	NEW	0	35	0	NEW	0	40	0	NEW	0	40	0	NEW	0	45	0	NEW	0	40	0
103	video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031		NEW	0	20	0	NEW	0	28	0	NEW	0	33	0	NEW	0	33	0	NEW	0	38	0	NEW	0	33	0
104	Channeled scope and processing unit	NEW				0	0	NEW	0	55	0	NEW	0	60	0	NEW	0	60	0	NEW	0	65	0	NEW	0	60	0

	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 317X3**		**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 317X3**		**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**	**NEW**	**0**	**55**	**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2015

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 364XX1, 36440, 36450, 36455 and 36460 for the January 2016 RUC meeting.**

Practice Expense
The Practice Expense Subcommittee reviewed and approved the specialty society's recommendation for no direct practice expense inputs as this service is typically performed in the facility setting. The RUC will consider the Subcommittee's recommendations at the January 2016 RUC meeting.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System				
Vascular Injection Procedures				
Venous				
36420		Venipuncture, cutdown; younger than age 1 year		
		(Do not report modifier 63 in conjunction with 36420)		
36425		age 1 or over		

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	(Do not report 36425 in conjunction with 36475, 36476, 36478) (Do not report 364XX1 in conjunction with 36430, 36440, 36450) 36430 Transfusion, blood or blood components (When a partial exchange transfusion is performed in a newborn, use 364XX1)			
●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 364XX1 in conjunction with 36430, 36440, 36450)	XXX	Survey for January 2016 RUC Meeting
36440(f)	C2	Push transfusion, blood, 2 years or younger (When a partial exchange transfusion is performed in a newborn, use 364XX1)	XXX	Survey for January 2016 RUC Meeting
36450(f)	C3	Exchange transfusion, blood; newborn (When a partial exchange transfusion is performed in a newborn, use 364XX1)	XXX	Survey for January 2016 RUC Meeting
36455(f)	C4	other than newborn	XXX	Survey for January 2016 RUC Meeting
36460(f)	C5	Transfusion, intrauterine, fetal (Do not report modifier 63 in conjunction with 36460) (For radiological supervision and interpretation, use 76941)	XXX	Survey for January 2016 RUC Meeting

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
Final Rule for 2015

October 2015

Epidural Injections

In Final Rule 2015, CMS developed interim final values for 2014 for CPT codes 62310, 62311, 62318 and 62319, which resulted in CY 2014 payment reductions. CMS established final interim values below those recommended by the RUC because they did not believe the RUC recommended work RVUS accounted for the substantial decrease in time it takes to furnish these services. CMS removed the radiographic fluoroscopy room for 62310, 62311 and 62318 and portable C-arm for 62319. Thousands of commenters objected to the CY 2014 interim final values. Additionally, CMS stated that it appears that these services are typically furnished with imaging guidance. Thus, the Agency believes it would be appropriate for the injection and imaging guidance codes to be bundled in the inputs for image guidance to be included in the valuation of the epidural injection codes as it is for transformaminal and paravertebral codes. CMS included CPT codes 62310, 62311, 62318 and 62319 on the potentially misvalued codes list so that they can obtain information to support their valuation with image guidance included.

In September 2014 the RUC referred the codes to the CPT 2017 cycle to ensure that the codes accurately describe the services. In May 2015, the CPT Editorial Panel deleted 62310, 62311, 62318 and 62319, and created eight new codes for epidural injections to differentiate injections with and without imaging guidance.

623X5 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

The RUC reviewed the survey results from 64 physicians and determined that the survey 25^{the} percentile work RVU of 1.80 appropriately accounts for the work required to perform this service. The RUC reduced the pre-service positioning time as only 3 minutes is necessary for this without imaging guidance service. The RUC recommends 10 minutes pre-service evaluation time, 3 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the “with imaging guidance” therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet

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appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to the top two key reference codes 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.29 and 15 minutes intra-service time) and 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* (work RVU = 1.82 and 15 minutes intra-service time) and determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.80 places this service comparably to other services. 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 1.80 for CPT code 623X5.**

623X6 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

The RUC reviewed the survey results from 124 physicians and determined that the survey 25the percentile work RVU of 1.95 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service evaluation time, 5 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to key reference codes 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.29 and 15 minutes intra-service time) and 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* (work RVU = 1.82 and 15 minutes intra-service time) and determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.95 places this service comparably to other services. 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 1.95 for CPT code 623X6.**

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623X7 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

The RUC reviewed the survey results from 76 physicians and determined that the survey 25^{the} percentile work RVU of 1.55 appropriately accounts for the work required to perform this service. The RUC reduced the pre-service positioning time as only 3 minutes is necessary for this without imaging guidance service. The RUC recommends 10 minutes pre-service evaluation time, 3 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 11 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location. The RUC noted that the survey respondents indicated 4 minutes less intra-service time compared to the rest of this family of services. The specialty societies and RUC could not justify the difference, however, the RUC does not accept time above the surveyed time unless a specific survey error is identified.

The RUC compared the surveyed code to key reference codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 and 15 minutes intra-service time) and 62270 *Spinal puncture, lumbar, diagnostic* (work RVU = 1.37 and 20 minutes intra-service time) and determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.55 places this service comparably to other services. 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 1.55 for CPT code 623X7.**

623X8 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

The RUC reviewed the survey results from 162 physicians and determined that the survey 25^{the} percentile work RVU of 1.80 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service evaluation time, 5 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with

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imaging guidance" epidural injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that "with imaging guidance" epidural injection services are slightly more intense and complex to perform because the physician is working in 1-2 millimeters of space with typical patient that is in more pain and is more challenging than the typical patient receiving an epidural injection without imaging guidance. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to key reference codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 and 15 minutes intra-service time) and 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.29 and 15 minutes intra-service time) and determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.80 places this service comparably to other services. 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 1.80 for CPT code 623X8.**

623X9 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

The RUC reviewed the survey results from 68 physicians and determined that the survey 25^{the} percentile work RVU of 1.89 appropriately accounts for the work required to perform this service. The RUC reduced the pre-service positioning time as only 3 minutes is necessary for this without imaging guidance service. The RUC recommends 10 minutes pre-service evaluation time, 3 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to key reference codes 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.29 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)

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and determined that these service require slightly more work and less total time than the surveyed code, therefore the survey 25th percentile work RVU of 1.89 places this service comparably to other services. 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 1.89 for CPT code 623X9.**

62X10 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
The RUC reviewed the survey results from 81 physicians and determined that the survey 25the percentile work RVU of 2.20 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service evaluation time, 5 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to key reference codes 64479 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level* (work RVU = 2.29 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 determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 2.20 places this service comparably to other services. For additional support the RUC referenced MPC codes 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 52000 *Cystourethroscopy (separate procedure)* (work RVU = 2.23 and 15 minutes intra-service time). **The RUC recommends a work RVU of 2.20 for CPT code 62X10.**

62X11 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
The RUC reviewed the survey results from 79 physicians and determined that the survey 25the percentile work RVU of 1.78 appropriately accounts for the work required to perform this service. The RUC reduced the pre-service positioning time as only 3 minutes is necessary for this without imaging guidance service. The RUC recommends 10 minutes pre-service evaluation time, 3 minutes pre-positioning time, 5 minutes

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scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

The RUC compared the surveyed code to key reference codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 and 15 minutes intra-service time) and 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* (work RVU = 1.82 and 15 minutes intra-service time) and determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.78 places this service comparably to other services. 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 1.78 for CPT code 62X11.**

62X12 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

The RUC reviewed the survey results from 76 physicians and determined that the survey 25^{the} percentile work RVU of 1.90 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service evaluation time, 5 minutes pre-positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the "with imaging guidance" therapeutic interlaminar injection services require two additional minutes positioning to place lead gowns on the patient and the doctor as well as drape and shield the fluoroscopy machine. The specialty society indicated and the RUC agreed that the therapeutic interlaminar injections that include fluoroscopically guidance are slightly more intense and complex because the patients present marked anatomic changes due to disease and typically present degenerative abnormalities and/or prior surgical intervention. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes. The RUC also agreed that the difference in work RVU increments for this set of services are small yet appropriate due to the multi-faceted nature of the surveys (different total number of respondents and different individuals responding to each code) as well as the different work required with each body location.

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The RUC compared the surveyed code to key reference codes 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU = 1.90 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 determined that these service require similar work, time, intensity and complexity, therefore the survey 25th percentile work RVU of 1.90 places this service comparably to other services. 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 1.90 for CPT code 62X12.**

Practice Expense

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made several modifications including:

1. Reduced the pre-service time in the nonfacility setting from extensive use of clinical staff to standard use of clinical staff;
2. Reduced the pre-service time in the facility setting from extensive use of clinical staff to minimal use of clinical staff;
3. Added 2 minutes to obtain consent in the nonfacility setting ;
4. Adjusted to the standard clinical labor inputs for digital imaging. ;
5. Increased equipment time for the *stretcher* (EF018) to account for monitoring time to recover the patient for 40 minutes ;
6. Revised equipment from a mobile C-arm to the *room, radiographic-fluoroscopic* (EL014) room and corrected the associated equipment minutes;
7. Reduced 4 minutes of clinical staff time to *Assist physician in performing procedure*for 623X8 because of a change in the physician work intra-service time from 15 to 11 minutes.

The RUC recommends the direct practice expense inputs as modified by the PE 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 • New ▲ Revision D Deletion, (e) Editorial (f) Code Family	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Surgery
Nervous System
Spine and Spinal Cord
Injection, Drainage, or Aspiration

Injection of contrast during fluoroscopic guidance and localization is an inclusive component of 62263, 62264, 62267, 62270, 62272, 62273, 62280, 62281, 62282, 62302, 62303, 62304, 62305, 623X6, 623X8, 62X10, 62X12 ~~62310-62319~~. Fluoroscopic guidance and localization is reported with 77003, unless a formal contrast study (myelography, epidurography, or arthrography) is performed, in which case the use of fluoroscopy is included in the supervision and interpretation codes or the myelography via lumbar injection code. Image guidance and the injection of contrast are inclusive components and are required for the performance of myelography, as described by codes 62302, 62303, 62304, 62305.

For radiologic supervision and interpretation of epidurography, use 72275. Code 72275 is only to be used when an epidurogram is performed, images documented, and a formal radiologic report is issued.

Code 62263 describes a catheter-based treatment involving targeted injection of various substances (eg, hypertonic saline, steroid, anesthetic) via an indwelling epidural catheter. Code 62263 includes percutaneous insertion and removal of an epidural catheter (remaining in place over a several-day period), for the administration of multiple injections of a neurolytic agent(s) performed during serial treatment sessions (ie, spanning two or more treatment days). If required, adhesions or scarring may also be lysed by mechanical means. Code 62263 is ***not*** *reported for each adhesiolysis treatment, but should be reported* ***once*** *to describe the entire series of injections/infusions spanning two or more treatment days.*

Code 62264 describes multiple adhesiolysis treatment sessions performed on the same day. Adhesions or scarring may be lysed by injections of neurolytic agent(s). If required, adhesions or scarring may also be lysed mechanically using a percutaneously-deployed catheter.

Codes 62263 and 62264 include the procedure of injections of contrast for epidurography (72275) and fluoroscopic guidance and localization (77003) during initial or subsequent sessions.

Fluoroscopy or CT and any injection of contrast are inclusive components of (~~for localization) may be used in the placement of injections~~

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~~reported with 62310-62319~~ 623X6, 623X8, 62X10, 62X12.~~, but is not required. If used, fluoroscopy should be reported with 77003~~. For epidurography, use 72275.

The placement and use of a catheter to administer one or more epidural or subarachnoid injections on a single calendar day should be reported in the same manner as if a needle had been used, ie, as a single injection using either ~~62310~~623X5, 623X6, ~~or 62311~~623X7, or 623X8. Such injections should not be reported with ~~62318~~623X9, 62X10, ~~or 62319~~62X11, or 62X12.

Threading a catheter into the epidural space, injecting substances at one or more levels and then removing the catheter should be treated as a single injection (~~62310~~623X5, 623X6, ~~62311~~623X7, 623X8). If the catheter is left in place to deliver substance(s) over a prolonged period (ie, more than a single calendar day) either continuously or via intermittent bolus, use ~~62318~~623X9, 62X10, ~~62319~~62X11, 62X12 as appropriate.

When reporting ~~62310-62319~~ 623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12, code choice is based on the region at which the needle or catheter entered the body (eg, lumbar). Codes ~~62310-62319~~ 623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12 should be reported only once, when the substance injected spreads or catheter tip insertion moves into another spinal region (eg, ~~62311~~623X7 is reported only once for injection or catheter insertion at L3-4 with spread of the substance or placement of the catheter tip to the thoracic region).

Percutaneous spinal procedures are done with indirect visualization (eg, image guidance or endoscopic approaches) and without direct visualization (including through a microscope). Endoscopic assistance during an open procedure with direct visualization is reported using excision codes (eg, 63020-63035).

(For transforaminal epidural injection, see 64479-64484)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with ~~62318-~~623X9, 62X10, ~~62319~~62X11, 62X12)

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*

(62263 includes codes 72275 and 77003)

62264 *1 day*

(Do not report 62264 with 62263)

(62264 includes codes 72275 and 77003)

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62267	*Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes*
	(For imaging, use 77003)
	(Do not report 62267 in conjunction with 10022, 20225, 62287, 62290, 62291)
62268	*Percutaneous aspiration, spinal cord cyst or syrinx*
	(For radiological supervision and interpretation, see 76942, 77002, 77012)
62269	*Biopsy of spinal cord, percutaneous needle*
	(For radiological supervision and interpretation, see 76942, 77002, 77012)
	(For fine needle aspiration, see 10021, 10022)
	(For evaluation of fine needle aspirate, see 88172, 88173)
62270	*Spinal puncture, lumbar, diagnostic*
62272	*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)*
62273	*Injection, epidural, of blood or clot patch*
	(For injection of diagnostic or therapeutic substance(s), see ~~62310~~623X5, 623X6, ~~62311~~623X7, 623X8, ~~62318~~623X9, 62X10, ~~62319~~62X11, 62X12)
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*
	(This includes endoscopic approach)
	(Do not report 62287 in conjunction with 62267, 62290, ~~62311~~623X7, 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)

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▲623X5 ~~D62310~~	D1	Injection(s), of diagnostic or therapeutic substance(s) (~~including~~ eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid~~;~~, cervical or thoracic; without imaging guidance~~, includes contrast for localization when performed,~~	000	1.80
●623X6	D2	with imaging guidance (ie, fluoroscopy or CT) (Do not report 623X6 in conjunction with 77003, 77012, 76942) ~~*(For transforaminal epidural injection, see 64479-64484)*~~ (Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with ~~62318~~ 623X9, 62X10, ~~62319~~62X11, 62X12)	000	1.95
▲623X7 ~~D62311~~	D3	Injection(s), of diagnostic or therapeutic substance(s) (~~including~~ eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid~~;~~, lumbar or sacral (caudal); without imaging guidance~~, includes contrast for localization when performed,~~	000	1.55
●623X8	D4	with imaging guidance (ie, fluoroscopy or CT) (Do not report 623X8 in conjunction with 77003, 77012, 76942)	000	1.80

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		~~*(For transforaminal epidural injection, see 64479-64484)*~~ (Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with ~~62318~~ 623X9, 62X10, ~~62319~~62X11, 62X12)		
▲623X9 ~~D62318~~	D5	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (~~including~~ eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid~~;~~, cervical or thoracic; without imaging guidance~~, includes contrast for localization when performed,~~	000	1.89
●62X10	D6	with imaging guidance (ie, fluoroscopy or CT) (Do not report 62X10 in conjunction with 77003, 77012, 76942) ~~*(For transforaminal epidural injection, see 64479-64484)*~~ (Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with ~~62318~~ 623X9, 62X10, ~~62319~~62X11, 62X12)	000	2.20
▲62X11 ~~D62319~~	D7	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (~~including~~ eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid~~;~~, lumbar or sacral (caudal); without imaging guidance~~, includes contrast for localization when performed,~~	000	1.78
●62X12	D8	with imaging guidance (ie, fluoroscopy or CT) (Do not report 62X12 in conjunction with 77003, 77012, 76942)	000	1.90

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		~~*(For transforaminal epidural injection, see 64479-64484)*~~ (Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with ~~62318~~ 623X9, 62X10, ~~62319~~62X11, 62X12)		

Catheter Implantation

(For percutaneous placement of intrathecal or epidural catheter, see 62270-62273, 62280-62284, ~~62310-62319~~623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12)

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*

62351 *with laminectomy*

(For refilling and maintenance of an implantable infusion pump for spinal or brain drug therapy, see 95990, 95991)

62355 *Removal of previously implanted intrathecal or epidural catheter*

Category I
Surgery
Nervous System
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System
Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)

(For epidural or subarachnoid injection, see ~~62310-62319~~623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12)

(64479-64487, 64490-64495 are unilateral procedures.

(For bilateral procedures, use modifier 50)

Somatic Nerves

64400 *Injection, anesthetic agent; trigeminal nerve, any division or branch*

64402 *facial nerve*

Category I

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Radiology
Diagnostic Radiology (Diagnostic Imaging)
Spine and Pelvis

72275 *Epidurography, radiological supervision and interpretation*

(72275 includes 77003)

(For injection procedure, see 62280-62282, ~~62310-62319~~623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12, 64479-64484)

(Use 72275 only when an epidurogram is performed, images documented, and a formal radiologic report is issued)

(Do not report 72275 in conjunction with 22586, 0195T, 0196T, 0309T)

Category I
Radiology
Radiologic Guidance
Fluoroscopic Guidance

77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)*

(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, ~~62310-62319~~623X6, 623X8, 62X10, 62X12)

(Fluoroscopic guidance for subarachnoid puncture for diagnostic radiographic myelography is included in supervision and interpretation codes 72240-72270)

(For epidural or subarachnoid needle or catheter placement and injection, see 62270-62282, ~~62310-62319~~623X5, 623X6, 623X7, 623X8, 623X9, 62X10, 62X11, 62X12)

Category I
Radiology
Nuclear Medicine
Diagnostic
Nervous System

78600 *Brain imaging, less than 4 static views;*

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78601	*with vascular flow*
78605	*Brain imaging, minimum 4 static views;*
78606	*with vascular flow*
78607	*Brain imaging, tomographic (SPECT)*
78608	*Brain imaging, positron emission tomography (PET); metabolic evaluation*
78609	*perfusion evaluation*
78610	*Brain imaging, vascular flow only*
78630	*Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography*
	(For injection procedure, see 61000-61070, 62270-~~62319~~62X12)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:623X5 Tracking Number D1 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: 000 RUC Recommended RVU: **1.80**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 29-year-old female has severe pain (rated 8/10) involving the right arm and the neck intermittently for the past 5 years. She is currently 28-weeks pregnant. Various medications and physical therapy have failed to provide significant pain relief. The patient is given a single cervical interlaminar epidural steroid injection without imaging guidance to provide analgesia and avoid potential harm to the fetus.

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? 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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. The interspinous level of injection is identified and marked. Local anesthetic is injected into the skin and subcutaneous tissues. The injection needle is carefully directed into the epidural space. Care has to be taken to avoid damaging any nerve roots or the spinal cord. Since image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper identification and placement of the needle in the epidural space. The theraputic injection(s) is performed through the same needle. The injection needle is removed, and a dressing is applied.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	623X5				
Sample Size:	3852	**Resp N:** 64	**Response:** 1.6 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**3.00**	16.00	1000.00
Survey RVW:	0.62	1.80	**2.05**	2.50	6.50
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**	15.00	30.00
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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	623X5	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64490	000	1.82	**RUC Time**

CPT Descriptor 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

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 623X5	**Top Key Reference CPT Code:** 64479	**2nd Key Reference CPT Code:** **64490**
Median Pre-Service Time	18.00	24.00	17.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**43.00**	**49.00**	**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	0.38	0.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.06	0.18
Urgency of medical decision making	-0.13	0.45
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.06	-0.27
Physical effort required	0.00	-0.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.06	0.91
Outcome depends on the skill and judgment of physician	0.25	0.36
Estimated risk of malpractice suit with poor outcome	0.31	1.09

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.06	0.09

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.*

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 CY 2015 Proposed and Final Rules, CMS requested that 62310, 62311, 62318 and 62319 be put on the potentially misvalued code list because according to the Agency, it "appears that these codes are typically furnished with imaging guidance." New interlaminar epidural codes were created describing the services both "with" and "without" fluoroscopic guidance.

The specialty societies surveyed 623X5, which describes the services included in 62310 without fluoroscopic guidance, and collected 64 responses. The specialty societies recommend the 25th percentile of 1.80RVU, which is below the current value of 62310 at 1.91RVU by 0.11RVU. The value of 1.80 maintains relativity among the new codes surveyed.

It should be noted that the cervical epidural space is approximately 0.5-2.0 mm in depth. As a result, there is increased risk for direct cervical spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes.

Code 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) has a higher work value of 1.83 than the recommended work value of 623XX5 at 1.80. 15275 has one minute more pre-service time and the same intra- and post-service times for a total time of 45 minutes (20-15-10). The total time recommended for 623X5 is 43 minutes (18-15-10).

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. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62310

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 InterventionalPain Medicine How often? Commonly

Specialty Pain Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 114000
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 38700 Percentage 33.94 %

Specialty Interventional Pain Medicine Frequency 31920 Percentage 28.00 %

Specialty Pain Medicine Frequency 20600 Percentage 18.07 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 39,692 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62310 was 208,904. Assuming these procedures (623X5 and 623X6), code 623X5 might be utilized 38,160 times in a one-year period. 623X5 (w/out fluoro guidance) is being performed around 18% of the time according to Medicare data.

Specialty Anesthesiology Frequency 12900 Percentage 32.50 %

Specialty Interventional Pain Medicine Frequency 10650 Percentage 26.83 %

Specialty Pain Medicine Frequency 6850 Percentage 17.25 %

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. 62310

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:623X6 Tracking Number D2 Original Specialty Recommended RVU: **1.95**
Presented Recommended RVU: **1.95**
Global Period: 000 RUC Recommended RVU: **1.95**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male has progressive neck and left upper extremity pain over the past 11 months, despite physical therapy and medications. Due to his persistent pain, the patient is given a cervical interlaminar epidural injection with fluoroscopic imaging guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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 prone position; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. Fluoroscopic imaging is used to identify the C7-T1 interlaminar space. The skin and subcutaneous tissue overlying this space are anesthetized with a local anesthetic. An 18-guage epidural needle is advanced in a coaxial fashion using intermittent fluoroscopic guidance in the AP and oblique or lateral views. After identifying a loss of resistance, correct needle position is verified with fluoroscopy. This often requires pulling down on the shoulders in order to allow clear visualization of the needle tip. Following negative aspiration, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread. After confirming correct needle placement within the epidural space and appropriate contrast medium dispersal pattern, and after negative aspiration, the therapeutic injection is performed. The needle is removed, the skin is cleansed, and a Band-Aid is applied.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	623X6				
Sample Size:	3852	**Resp N:** 124	**Response:** 3.2 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	38.00	**100.00**	250.00	1000.00
Survey RVW:	0.64	1.95	**2.20**	2.41	7.00
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**	15.00	60.00
Immediate Post Service-Time:	**9.00**				
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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	623X6	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

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
52000	000	2.23	**RUC Time**	919,548

CPT Descriptor 2 Cystourethroscopy (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: 55 **% of respondents:** 44.3 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 16.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 623X6	Top Key Reference CPT Code: 64479	2nd Key Reference CPT Code: **64483**
Median Pre-Service Time	20.00	24.00	24.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**45.00**	**49.00**	**49.00**
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	0.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.05	0.24
Urgency of medical decision making	0.04	0.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.18	0.38
Physical effort required	0.00	0.19

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.25	0.62
Outcome depends on the skill and judgment of physician	0.07	0.48
Estimated risk of malpractice suit with poor outcome	-0.05	0.57

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.07	0.48

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 specialty societies surveyed 623X6, which describes the services included in 62310 with fluoroscopic guidance. There were 124 responses to the survey. The specialty societies recommend the 25th percentile of 1.95RVU.

It should be noted that the cervical epidural space is approximately 0.5-2 mm in depth in patients with normal anatomy and the thoracic epidural space is 2-3 mm in depth. However in patients presenting for fluoroscopically guided therapeutic interlaminar injections, marked anatomic changes due to disease, degenerative abnormalities and/or prior surgical intervention are typically present. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle placement with resultant catastrophic long-term neurologic outcomes.

With the bundling of fluoroscopic guidance into 623XX6, there will be a savings of 0.56RVU compared to the use of 62310 and 77003 (62310 at 1.91 + 77003 at 0.60=2.51- 623X6 at 1.95= 0.56).

Relativity is maintained between 623XX5 with a RVU of 1.80 and 623X6 of with a RVU of 1.95, which accounts for the work associated with fluoroscopic guidance.

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) 62310 &77003

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 Interventional Pain Medicine How often? Commonly

Specialty Pain Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 521400
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 177300 Percentage 34.00 %

Specialty International Pain Medicine Frequency 145992 Percentage 28.00 %

Specialty Pain Medicine Frequency 93900 Percentage 18.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 169,212 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62310 was 208,904. Assuming the combination of procedures 623X5 and 623X6 increases to 212,000, code 623X6 might be utilized 173,840 times in a one-year period. 62310 is currently reported with 77003 around 82% of the time according to Medicare data.

Specialty Anesthesiology Frequency 57533 Percentage 34.00 %

Specialty International Pain Medicine Frequency 47380 Percentage 28.00 %

Specialty Pain Medicine Frequency 30460 Percentage 18.00 %

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. 62310

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:623X7 Tracking Number D3 Original Specialty Recommended RVU: **1.55**
Presented Recommended RVU: **1.55**
Global Period: 000 RUC Recommended RVU: **1.55**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 29-year-old female has severe pain (rated 8/10) involving the right leg and the back intermittently for the past 5 years. She is currently 28-weeks pregnant. Various medications and physical therapy have failed to provide significant pain relief. The patient is given a single lumbar interlaminar epidural steroid injection without imaging guidance to provide analgesia and avoid potential harm to the fetus.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. The interspinous level of injection is identified and marked. Local anesthetic is injected into the skin and subcutaneous tissues at the proposed injection site. The injection needle is carefully directed into the epidural space. Care has to be taken to avoid damaging any nerve roots or the spinal cord. Since image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper identification and placement of the needle in the epidural space. The theraputic injection(s) is performed through the same needle. The injection needle is removed, and a dressing is applied.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	623X7				
Sample Size:	3852	**Resp N:** 76	**Response:** 1.9 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	1.00	**6.00**	50.00	1000.00
Survey RVW:	0.59	1.55	**1.84**	2.10	8.00
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	9.00	**11.00**	15.00	30.00
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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	623X7	**Recommended Physician Work RVU: 1.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**11.00**		

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
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62270	000	1.37	**RUC Time**

CPT Descriptor Spinal puncture, lumbar, diagnostic

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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:** 28.9 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 623X7	Top Key Reference CPT Code: 64483	2nd Key Reference CPT Code: **62270**
Median Pre-Service Time	18.00	24.00	10.00
Median Intra-Service Time	11.00	15.00	20.00
Median Immediate Post-service Time	10.00	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	**39.00**	**49.00**	**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	0.41	0.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.27	0.67
Urgency of medical decision making	0.27	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.14	0.25
Physical effort required	-0.05	0.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.64	0.50
Outcome depends on the skill and judgment of physician	0.41	0.25
Estimated risk of malpractice suit with poor outcome	0.91	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.14	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 specialty societies surveyed 623X7, which describes the services included in 62311 without fluoroscopic guidance and collected 76 responses. The specialty societies recommend the 25th percentile of 1.55RVU. As with the current interlaminar epidural codes, 623X7 is valued less than 623XX5 as the intensity and complexity is higher for a cervical procedure than a lumbar or sacral (caudal) procedure. Relativity is maintained between 623X5 and 623X7.

It should be noted that Respondents to this code survey had a median intraservice time of 11 minutes compared to 15 minutes for all other codes in this family. This may be due to a different cohort of Respondents. There is nothing about this procedure that would suggest it should have an intraservice time that is different from the intraservice times of the other codes.

64488 (Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) has a work value of 1.60 and a total time of 40 minutes (15-15-10=40) while 623X7 has a recommended work value of 1.55 and a recommended total time of 43 minutes (18-15-10=43).

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) 62311

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 Interventional Pain Medicine How often? Sometimes

Specialty Pain Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 564000
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 208700 Percentage 37.00 %

Specialty Interventional Pain Medicine Frequency 118400 Percentage 20.99 %

Specialty Pain Medicine Frequency 81780 Percentage 14.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 187,583 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62311 was 815,580. Assuming these procedures (623X7 and 623X8) , code 623X7 will be utilized 187583 times in a one-year period. 623X7 (w/out fluoro guidance) is being performed around 23% of the time according to Medicare data.

Specialty Anesthesiology Frequency 69560 Percentage 37.08 %

Specialty Interventional Pain Medicine Frequency 39480 Percentage 21.04 %

Specialty Pain Medicine Frequency 27260 Percentage 14.53 %

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. 62311

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:623X8 Tracking Number D4 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: 000 RUC Recommended RVU: **1.80**

CPT Descriptor: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year old female with 9-month history of low back and worsening right lower extremity pain is referred for evaluation and treatment. Her pain persists despite conservative management including physical therapy, and medications. Due to persistent pain, the patient is given a lumbar interlaminar epidural injection with fluoroscopic guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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 prone position; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. Fluoroscopic imaging is used to identify and mark the appropriate interlaminar space. The skin and subcutaneous tissue overlying this space are anesthetized with a local anesthetic. An 18-guage epidural needle is advanced in a coaxial fashion using intermittent fluoroscopic guidance in the AP and oblique or lateral views. After identifying a loss of resistance, correct needle position is verified with fluoroscopy. Following negative aspiration, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread. After confirming correct needle placement within the epidural space and appropriate contrast medium dispersal pattern, and after negative aspiration, the therapeutic injection is performed. The needle is removed, the skin is cleansed, and a Band-Aid is applied.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO; Greg Nicola, MD				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS; ASNR				
CPT Code:	623X8				
Sample Size:	5122	**Resp N:** 162	**Response:** 3.1 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	31.00	**95.00**	240.00	1200.00
Survey RVW:	0.61	1.80	**1.90**	2.06	8.00
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**	15.00	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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	623X8	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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: 86 **% of respondents:** 53.0 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 623X8	Top Key Reference CPT Code: 64483	2nd Key Reference CPT Code: **64479**
Median Pre-Service Time	20.00	24.00	24.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**45.00**	**49.00**	**49.00**
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	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.36	0.17
Urgency of medical decision making	0.17	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.01	0.22
Physical effort required	0.09	0.17

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.26	0.36
Outcome depends on the skill and judgment of physician	0.28	0.35
Estimated risk of malpractice suit with poor outcome	0.44	0.57

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.28	0.39

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 specialty societies surveyed 623X8, which describes the services included in 62311 with fluoroscopic guidance and collected 162 responses. The specialty societies recommend the 25th percentile of 1.80RVU.

With the bundling of fluoroscopic guidance into 623X8, there will be a savings of 0.34RVU compared to the use of 62311 and 77003 (62311 at 1.54 + 77003 at 0.60=2.14 -623XX8 at 1.80=0.34).

Relativity is maintained between 623X7 with a RVU of 1.55 and 623X8 with a RVU of 1.80, which accounts for the work associated with fluoroscopic guidance.

It should be noted that the lumbar epidural space is approximately 5-9 mm in depth in patients with normal anatomy and the caudal epidural space is 2-10 mm in depth. However in patients presenting for fluoroscopically guided therapeutic interlaminar or caudal injections, marked anatomic changes due to disease, degenerative abnormalities and/or prior surgical intervention are typically present. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord or nerve root injury during needle placement with resultant catastrophic long-term neurologic outcomes.

Code 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) has a higher work value of 1.83 than the recommended work value of 623XX8 at 1.80. 15275 has the same pre-service time and the same intra- and post-service times for a total time of 45 minutes (20-15-10). The total time recommended for 623X8 is 45 minutes (20-15-10).

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) 62311 & 77003

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 Interventional Pain Medicine How often? Commonly

Specialty Pain Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1894200
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 700855 Percentage 37.00 %

Specialty Interventional Pain Medicine Frequency 397782 Percentage 21.00 %

Specialty Pain Medicine Frequency 274659 Percentage 14.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 627,997 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62311 was 815,580. Assuming the combination of procedures 623X7 and 623X8 code 623X8 will be utilized 627,997 times in a one-year period. 62311 is currently reported with 77003 around 23% of the time according to Medicare data.

Specialty Anesthesiology Frequency 233620 Percentage 37.20 %

Specialty Interventional Pain Medicine Frequency 132594 Percentage 21.11 %

Specialty Pain Medicine Frequency 91550 Percentage 14.57 %

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. 62311

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:623X9 Tracking Number D5 Original Specialty Recommended RVU: **1.89**
Presented Recommended RVU: **1.89**
Global Period: 000 RUC Recommended RVU: **1.89**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old male with squamous cell cancer of the lung is scheduled to undergo a right lateral thoracotomy and resection of a single lobe of the lung to be performed under general anesthesia. His surgeon requests placement of an epidural catheter to use for infusion of medications. The patient undergoes placement of a thoracic interlaminar epidural catheter without fluoroscopic guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. The interspinous level of injection is identified and marked. Local anesthetic is injected into the skin and subcutaneous tissues. The injection needle is carefully directed into the epidural space. Care has to be taken to avoid damaging any nerve roots or the spinal cord. Since image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper identification and placement of the needle in the epidural space. A catheter is then carefully advanced through the needle into the epidural space monitoring for resistance or any unexpected neurologic symptoms. After advancing the catheter to the target depth, the epidural needle is removed. After negative aspiration, a theraputic injection(s) is performed through the catheter. The indwelling catheter is then secured and a dressing is applied with special attention to wound care to prevent infection that may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; ISIS; NASS				
CPT Code:	623X9				
Sample Size:	3852	**Resp N:** 68	**Response:** 1.7 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**7.00**	31.00	1000.00
Survey RVW:	0.72	1.89	**2.20**	2.51	14.00
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**	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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	623X9	**Recommended Physician Work RVU: 1.89**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcison, using clamp or other device with regional dorsal penile or ring block

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:** 9.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 623X9	Top Key Reference CPT Code: 36556	2nd Key Reference CPT Code: **64479**
Median Pre-Service Time	18.00	25.00	24.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**43.00**	**50.00**	**49.00**
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	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.60	0.50
Urgency of medical decision making	0.07	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.60	0.57
Physical effort required	0.67	0.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.00	0.64
Outcome depends on the skill and judgment of physician	0.93	0.43
Estimated risk of malpractice suit with poor outcome	0.87	1.07

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.47	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.

The specialty societies surveyed 623X9, which describes the services included in 62318 without fluoroscopic guidance, and collected 62 responses. The specialty societies recommend the 25th percentile of 1.89RVU which is well below the current work value of 62318 at 2.04.

As with the current interlaminar epidural codes, a RVU of 1.89 maintains relativity among the family. It has a higher RVU than the 623X5 cervical interlaminar epidural procedure without indwelling catheter placement, as with the current epidural codes.

It should be noted that the cervical epidural space is approximately 0.5-2.0 mm in depth. As a result, there is increased risk for direct cervical spinal cord injury during needle or catheter placement with resultant catastrophic long-term neurologic outcomes.

Code 54150(Circumcision, using clamp or other device with regional dorsal penile or ring block) has close to the same work value at 1.90 as 623X9 at 1.89. Total work times are similar with 54150 having 45 minutes (25-15-5) and 623X9 having 43 minutes of time (18-15-10).

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) 62318

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? Sometimes

Specialty Interventional Pain Medicine How often? Rarely

Specialty Pain Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 101700
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 95600 Percentage 94.00 %

Specialty Interventional Pain Medicine Frequency 1720 Percentage 1.69 %

Specialty Pain Medicine Frequency 3050 Percentage 2.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31,753 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62318 was 32,905. Assuming these procedures (623X9 and 62X10) code 623X9 will be utilized 31,753 times in a one-year period. 623X9 (w/out fluoro guidance) is being performed around 94% of the time according to Medicare data.

Specialty Anesthesiology Frequency 31900 Percentage 100.46 %

Specialty Interventonal Pain Medicine Frequency 5700 Percentage 17.95 %

Specialty Pain Medicine Frequency 1020 Percentage 3.21 %

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. 62318

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62X10 Tracking Number D6 Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **2.20**
Global Period: 000 RUC Recommended RVU: **2.20**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old-female with metastatic breast cancer has pain associated with metastases to her ribs on the right side. She has had persistent pain despite radiation, adjunctive medications and high dose opioid therapy. Her oncologist requests an interventional procedure to improve her pain control and minimize the side effects. The patient undergoes placement of a thoracic interlaminar epidural catheter with fluoroscopic guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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 prone position; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. Fluoroscopic imaging is used to identify and mark the appropriate interlaminar space. The skin and subcutaneous tissue overlying this space are anesthetized with a local anesthetic. An 18-guage epidural needle is advanced in a coaxial fashion using intermittent fluoroscopic guidance in the AP and oblique or lateral views. After identifying a loss of resistance, correct needle position is verified with fluoroscopy. This often requires pulling down on the shoulders in order to allow clear visualization of the needle tip. Following negative aspiration, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread. A catheter is then carefully advanced through the needle into the epidural space monitoring for resistance or any unexpected neurologic symptoms and directed to the appropriate level using fluoroscopic guidance. After confirming correct catheter location within the epidural space, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread, and after negative aspiration, the therapeutic injection is performed. The injection needle is removed, the indwelling catheter is

secured and a dressing is applied with special attention to wound care to prevent infection that may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	62X10				
Sample Size:	3852	**Resp N:** 81	**Response:** 2.1 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**20.00**	100.00	1000.00
Survey RVW:	0.74	2.20	**2.33**	2.65	8.00
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	13.00	**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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62X10	**Recommended Physician Work RVU: 2.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
52000	000	2.23	**RUC Time**	919,548

CPT Descriptor 2 Cystourethroscopy (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: 29 **% of respondents:** 35.8 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 29.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 62X10	**Top Key Reference CPT Code:** 64479	**2nd Key Reference CPT Code:** **36556**
Median Pre-Service Time	20.00	24.00	25.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**45.00**	**49.00**	**50.00**
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	0.48	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.66	0.29
Urgency of medical decision making	0.14	0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.76	0.25
Physical effort required	0.48	0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.72	0.17
Outcome depends on the skill and judgment of physician	0.59	0.25
Estimated risk of malpractice suit with poor outcome	0.59	0.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.76	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.

The specialty societies surveyed 62X10, which describes the services included in 62318 with fluoroscopic guidance, and collected 81 responses. The specialty societies recommend the 25th percentile of 2.20RVU.

With the bundling of fluoroscopic guidance into 623X10, there will be a savings of 0.44RVU compared to the use of 62318 and 77003 (62318 at 2.04+77003 at 0.60=2.64 – 62X10 at 2.20=0.44).

It should be noted that the cervical epidural space is approximately 0.5-2 mm in depth in patients with normal anatomy and the thoracic epidural space is 2-3 mm in depth. However in patients presenting for fluoroscopically guided therapeutic interlaminar injections, marked anatomic changes due to disease, degenerative abnormalities and/or prior surgical intervention are typically present. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord injury during needle or catheter placement with resultant catastrophic long-term neurologic outcomes.

Code 31579 (Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy) has a higher RVU of 2.23 compared to 623X10 at 2.20, while total time for 31579 is 45 minutes (15-15-15) which is one minute less than 62X10 with 45 minutes (20-15-10)

Relativity is maintained between 623X9 with an RVU of 1.89 and 62X10 with a RVU of 2.20, which accounts for the work associated with fluoroscopic guidance.

It should be noted that the reporting of this code will be low as continuous infusion procedures are less likely to be done under fluoroscopic guidance. According to Medicare data, current code 62318 is reported with 77003 only 6% of the 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) 62318 & 77003

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? Rarely

Specialty Intervention Pain Medicine How often? Rarely

Specialty Pain Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 10500
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 9700 Percentage 92.38 %

Specialty International Pain Medicine Frequency 177 Percentage 1.68 %

Specialty Pain Medicine Frequency 315 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,152
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62318 was 32,905. Assuming the combination of procedures 623X9 and 62X10 i code 623X10 will be utilized 1,152 times in a one-year period. 62318 is currently reported with 77003 around 6% of the time according to Medicare data.

Specialty Anesthesiology Frequency 320 Percentage 27.77 %

Specialty International Pain Medicine Frequency 60 Percentage 5.20 %

Specialty Pain Medicine Frequency 105 Percentage 9.11 %

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. 62318

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62X11 Tracking Number D7 Original Specialty Recommended RVU: **1.78**
Presented Recommended RVU: **1.78**
Global Period: 000 RUC Recommended RVU: **1.78**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old female with rectal carcinoma is scheduled for a total proctectomy and ileostomy. Her surgeon requests placement of an epidural catheter to use for infusion of medications. The patient undergoes placement of a lumbar interlaminar epidural catheter without fluoroscopic guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. The interspinous level of injection is identified and marked. Local anesthetic is injected into the skin and subcutaneous tissues at the proposed injection site. The injection needle is carefully directed into the epidural space. Care has to be taken to avoid damaging any nerve roots or the spinal cord. Since image guidance is not used, loss of resistance with air and/or normal saline is used to ensure proper identification and placement of the needle in the epidural space. A catheter is then carefully advanced through the needle into the epidural space monitoring for resistance or any unexpected neurologic symptoms. After advancing the catheter to the target depth, the epidural needle is removed. After negative aspiration, a theraputic injection(s) is performed through the catheter. The indwelling catheter is then secured and a dressing is applied with special attention to wound care to prevent infection that may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	62X11				
Sample Size:	3852	**Resp N:** 79	**Response:** 2.0 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**10.00**	78.00	1000.00
Survey RVW:	0.62	1.78	**1.95**	2.29	12.00
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**	20.00	50.00
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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62X11	**Recommended Physician Work RVU: 1.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64490	000	1.82	**RUC Time**

CPT Descriptor 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

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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:** 18.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 12.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 62X11	Top Key Reference CPT Code: 64483	2nd Key Reference CPT Code: **64490**
Median Pre-Service Time	18.00	24.00	17.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**43.00**	**49.00**	**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	0.47	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	0.50
Urgency of medical decision making	-0.07	0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.07	0.70
Physical effort required	0.13	0.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	1.00
Outcome depends on the skill and judgment of physician	0.20	0.70
Estimated risk of malpractice suit with poor outcome	0.27	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.13	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.

The specialty societies surveyed 62X11, which describes the services included in 62319 without fluoroscopic guidance, and collected 79 responses. The specialty societies recommend the 25th percentile of 1.78RVU which is below the current value of 62319 at 1.87RVU.

As with the current interlaminar epidural codes, 62X11 is valued less than 623XX9, as the intensity and complexity is higher for a cervical procedure than a lumbar or sacral (caudal) procedure.

Code 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) has a higher work value of 1.83 than the recommended work value of 62X11 at 1.78. 15275 has two minutes more pre-service time and the same intra- and post-service times for a total time of 45 minutes (20-15-10). The total time recommended for 62X11 is 43 minutes (18-15-10).

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) 62319

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? Rarely

Specialty Interventional Pain Medicine How often? Rarely

Specialty Pain Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 50400
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 36288 Percentage 72.00 %

Specialty Intyerventional Pain Medicine Frequency 5040 Percentage 10.00 %

Specialty Pain Medicine Frequency 2520 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,717 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62319 was 17,904. Assuming these procedures (62X11 and 62X12) 62X11 will be utilized 14,717 times in a one-year period. 62X11 (w/out fluoro guidance) is being performed around 84% of the time according to Medicare data.

Specialty Anesthesiology Frequency 12096 Percentage 82.19 %

Specialty Interventional Pain Medicine Frequency 1680 Percentage 11.41 %

Specialty Pain Medicine Frequency 840 Percentage 5.70 %

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. 62319

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62X12 Tracking Number D8 Original Specialty Recommended RVU: **1.90**
Presented Recommended RVU: **1.90**
Global Period: 000 RUC Recommended RVU: **1.90**

CPT Descriptor: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with metastatic rectal carcinoma has severe, unrelenting sacral pain. He has persistent pain despite radiation, adjunctive medications and high dose opioid therapy. His oncologist requests an interventional procedure to improve his pain control and minimize the side effects. The patient undergoes placement of a lumbar interlaminar epidural catheter with fluoroscopic guidance.

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: Pre-service work includes review of records and any pertinent imaging studies; communicating with other professionals, patient, and family; and obtaining 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 prone position; prepping the skin with a betadine solution; and draping in a sterile fashion.

Description of Intra-Service Work: A time out is performed. Fluoroscopic imaging is used to identify and mark the appropriate interlaminar space. The skin and subcutaneous tissue overlying this space are anesthetized with a local anesthetic. An 18-guage epidural needle is advanced in a coaxial fashion using intermittent fluoroscopic guidance in the AP and oblique or lateral views. After identifying a loss of resistance, correct needle position is verified with fluoroscopy. Following negative aspiration, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread. A catheter is then carefully advanced through the needle into the epidural space monitoring for resistance or any unexpected neurologic symptoms and directed to the appropriate level using fluoroscopic guidance. After confirming correct catheter location within the epidural space, radiopaque contrast is injected under live fluoroscopy to verify an appropriate epidural spread pattern and lack of intravascular or intrathecal spread, and after negative aspiration, the therapeutic injection is performed. The injection needle is removed, the indwelling catheter is secured and a dressing is applied with special attention to wound care to prevent infection that may lead to meningitis or epidural abscess.

Description of Post-Service Work: The patient is closely observed post procedure in a monitored setting for 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)	10/2015				
Presenter(s):	Marc Leib, MD, JD; Richard Rosenquist, MD; Eduardo Fraifeld, MD; Karin Swartz, MD; Kano Mayer, MD; Barry Smith, MD; Chris Merifield, MD; Scott Horn, DO				
Specialty(s):	AAPM; AAPM&R; ASA; SIS; NASS				
CPT Code:	62X12				
Sample Size:	3852	**Resp N:** 76	**Response:** 1.9 %		
Description of Sample:	Random Sample				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**10.00**	52.00	1000.00
Survey RVW:	0.64	1.90	**2.20**	2.50	14.00
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**	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)

1a-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62X12	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**13.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
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
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36556	000	2.50	**RUC Time**

CPT Descriptor Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 1 Colposcopy of the cervix including upper/adjacent vagina;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 2 Circumcision, using clamp or other device with regional dorsal penile or ring block

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:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 18.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 62X12	**Top Key Reference CPT Code:** 64483	**2nd Key Reference CPT Code:** **36556**
Median Pre-Service Time	20.00	24.00	25.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	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	**45.00**	**49.00**	**50.00**
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	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.57
Urgency of medical decision making	0.20	0.29
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.20	0.64
Physical effort required	0.47	0.57

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.27	0.36
Outcome depends on the skill and judgment of physician	0.00	0.29
Estimated risk of malpractice suit with poor outcome	0.27	0.14

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.40	0.21

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.

The specialty societies surveyed 62X12, which describes the services included in 62319 with fluoroscopic guidance, and collected 76 responses. The specialty societies recommend the 25th percentile of 1.90RVU.

With the bundling of fluoroscopic guidance into 62X12, there will be a savings of 0.48RVU compared to the use of 62319 and 77003 (62319 at 1.78 + 77003 at 0.60=2.38 - 623X12 at 1.90= 0.48).

Relativity is maintained between 62X11 with a RVU of 1.78 and 62X12 with a RVU of 1.90 which accounts for the work associated with fluoroscopic guidance.

It should be noted that the lumbar epidural space is approximately 5-9 mm in depth in patients with normal anatomy and the caudal epidural space is 2-10 mm in depth. However in patients presenting for fluoroscopically guided therapeutic interlaminar or caudal injections, marked anatomic changes due to disease, degenerative abnormalities and/or prior surgical intervention are typically present. These result in significant changes in skeletal and epidural anatomy that make technical performance more difficult and increase the risk for direct spinal cord or nerve root injury during needle or catheter placement with resultant catastrophic long-term neurologic outcomes.

Code 54150(Circumcision, using clamp or other device with regional dorsal penile or ring block) has the same work value of 1.90 as 62X12. Work times are similar with 54150 having 45 minutes total time (25-15-5) and 62X12 having 45 minutes of total time (20-15-10).

It should be noted that the reporting of this code will be low as continuous infusion procedures are less likely to be done under fluoroscopic guidance. According to Medicare data, current code 62319 is reported with 77003 only 16% of the 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) 62319 & 77003

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? Rarely

Specialty Interventional Pain Medicine How often? Rarely

Specialty Pain Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 9600
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 6900 Percentage 71.87 %

Specialty Interventional Pain Medicine Frequency 960 Percentage 10.00 %

Specialty Pain Medicine Frequency 480 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,187
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 utilization for 62319 was 17,904. Assuming the combination of procedures 62X11 and 62X12)code 62X12 might be utilized 3,187imes in a one-year period. 62319 is currently reported with 77003 around 16% of the time according to Medicare data.

Specialty Anesthesiology Frequency 2300 Percentage 71.87 %

Specialty Interventional Pain Medicine Frequency 320 Percentage 10.04 %

Specialty Pain Medicine and Rehabilitation Frequency 160 Percentage 5.02 %

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. 62319

10_& 13_____
Tab Number

Epidural Injections_& _Fluoroscopic Guidance_
Issue

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.)

Eduardo M Fraifeld M.D.
Signature

Eduardo Fraifeld, M.D._____
Printed Signature

AAPM_____
Specialty Society

__9.1.15_____
Date

10
Tab Number

Epidural Injections
Issue

Code Range

Attestation Statement

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Signature

Christopher Merifield, MD
Printed Signature

Spine Intervention Society
Specialty Society

09/08/2015
Date

Tab Number:10

Issue: Epidural Injections

Attestation Statement

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Gregory N. Nicola M.D.

Signature

Gregory N. Nicola, MD
Printed Signature

American Society of Neuroradiology
Specialty Society

September 8, 2015
Date

Tab Number	Issue	Code Range
4	Percutaneous Biliary Procedures Bundling	475XX1-475XX14
5	Intracranial Endovascular Intervention	61640-61642
12	Abdominal Aorta Ultrasound Screening	767X1
13	Fluoroscopic Guidance	77001-77003
14	Moderate Sedation Services	991X1X-991X2X

Attestation Statement

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

10
Tab Number

Interlaminar Epidural Injections
Issue

623XX5-623XX12
Code Range

Attestation Statement

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Signature

Kano Mayer, MD
Printed Signature

NASS
Specialty Society

9/8/15
Date

10
Tab Number

Interlaminar Epidural Injections
Issue

623XX5-623XX12
Code Range

Attestation Statement

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Signature

Karin Swartz, MD
Printed Signature

NASS
Specialty Society

9/8/15
Date

Tab Number:10

Issue: Epidural Injections

Attestation Statement

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Signature

Joshua A. Hirsch, MD
Printed Signature

American Society of Neuroradiology
Specialty Society

September 8, 2015
Date

10
Tab Number

Epidural Injections
Issue

_____
Code Range

Attestation Statement

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_____
Signature

Barry Smith, MD
_____
Printed Signature

AAPM&R
_____
Specialty Society

9-8-15
Date

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

REF = 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: Epidural Injections

TAB: 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
REF	64479	Injection(s), anesthetic agent and/or steroid,	16	0.108			2.29			49	13	5	6			15			10						
CURRENT	62310	Injection(s), of diagnostic or therapeutic substance		0.119			1.91			41	10	5	5			11			10						
SVY	623X5	Injection(s), of diagnostic or therapeutic substa	64	0.092	0.62	1.80	2.05	2.50	6.50	48	13	5	5	2	10	15	15	30	10						
REC	623X5	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		0.083			1.80			43	10	3	5			15			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
REF	64479	Injection(s), anesthetic agent and/or steroid,	55	0.108			2.29			49	13	5	6			15			10						
CURRENT				#DIV/0!						0															
SVY	623X6	Injection(s), of diagnostic or therapeutic substa	124	0.104	0.64	1.95	2.20	2.41	7.00	47	13	5	5	2	10	15	15	60	9						
REC	623X6	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		0.090			1.95			45	10	5	5			15			10						

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
15	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
27																										
28						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
29	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
30	REF	64483	Injection(s), of diagnostic or therapeutic substa	22	0.082			1.90			49	13	5	6			15			10						
31	CURRENT	62311	Injection(s), of diagnostic or therapeutic substance		0.094			1.54			40	10	5	5			10			10						
32	SVY	623X7	Injection(s), of diagnostic or therapeutic substa	76	0.107	0.59	1.55	1.84	2.10	8.00	44	13	5	5	2	9	11	15	30	10						
33	REC	623X7	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		0.090			1.55			39	10	3	5			11			10						
34																										
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
36	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
37	REF	64483	Injection(s), of diagnostic or therapeutic substa	86	0.082			1.90			49	13	5	6			15			10						
38	CURRENT				#DIV/0!						0															
39	SVY	623X8	Injection(s), of diagnostic or therapeutic substa	162	0.084	0.61	1.80	1.90	2.06	8.00	47	12	5	5	2	10	15	15	60	10						
40	REC	623X8	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		0.080			1.80			45	10	5	5			15			10						
41																										

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
15	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
42						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
43	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
44	REF	36556	Insertion of non-tunneled centrally inserted	15	0.119			2.50			50	15	5	5			15			10						
45	CURRENT	62318	Injection(s), including indwelling catheter placeme		0.089			2.04			50	10	5	5			15			15						
46	SVY	623X9	Injection(s), including indwelling catheter place	68	0.102	0.72	1.89	2.20	2.51	14.00	48	13	5	5	2	10	15	20	60	10						
47	REC	623X9	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		0.089			1.89			43	10	3	5			15			10						
48																										
49						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
50	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
51	REF	64479	Injection(s), anesthetic agent and/or steroid,	29	0.108			2.29			49	13	5	6			15			10						
52	CURRENT				#DIV/0!						0															
53	SVY	62X10	Injection(s), including indwelling catheter place	81	0.108	0.74	2.20	2.33	2.65	8.00	50	15	5	5	2	13	15	20	60	10						
54	REC	62X10	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		0.107			2.20			45	10	5	5			15			10						
55																										

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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
15	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
56						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
57	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
58	REF	64483	Injection(s), anesthetic agent and/or steroid,	15	0.082			1.90			49	13	5	6			15			10						
59	CURRENT	62319	Injection(s), including indwelling catheter placeme		0.077			1.87			50	10	5	5			15			15						
60	SVY	62X11	Injection(s), including indwelling catheter place	79	0.085	0.62	1.78	1.95	2.29	12.00	48	13	5	5	2	10	15	20	50	10						
61	REC	62X11	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		0.082			1.78			43	10	3	5			15			10						
62																										
63						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					
64	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
65	REF	64483	Injection(s), anesthetic agent and/or steroid,	19	0.082			1.90			49	13	5	6			15			10						
66	CURRENT				#DIV/0!						0															
67	SVY	62X12	Injection(s), including indwelling catheter place	76	0.099	0.64	1.90	2.20	2.50	14.00	50	15	5	5	2	10	15	20	60	10						
68	REC	62X12	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT), includes contrast for localization when performed		0.087			1.90			45	10	5	5			15			10						

CPT Code: 623X5-62X12

Specialty Society(‘s) AAPM, AAPMR, ASA, ASNR, NASS, SIS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

623X5: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

623X6: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

623X7: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

623X8: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

623X9: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

62X10: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

62X11: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

62X12: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

Global Period: 000 Meeting Date: 10/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus panel comprised of representatives of all involved specialty societies was convened to review the Practice Expense inputs for codes 623X5-62X12. The panel included physicians practicing in a wide variety of settings and geographic locations.

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 specialty societies used existing codes 62310-62319 as reference codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialties recommend the accepted minimal use of clinical staff times for pre- and post-service, which is 0 minutes non-facility, 15 minutes facility. The detailed activities of staff are described below.

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.
- Call the hospital to schedule space and equipment needed in the facility and coordinate with the facility, the patient and other offices as necessary to prepare for the procedure.
- Provide and review educational materials and information prior to the procedure.
- Call in any prescriptions necessary for the patient prior to the procedure
- 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 prior to the procedure.

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls/call-in prescriptions

CPT Code: 623X6, 623X8, 62X10, 62X12___
Specialty Society(‘s) AAPM, AAPMR, ASA, ASNR, NASS, SIS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

623X6: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

623X8: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

62X10: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

62X12: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie fluoroscopy or CT), includes contrast for localization when performed

Global Period: 000_____ Meeting Date: _10/15_____

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 consensus panel comprised of representatives of all involved specialty societies was convened to review the Practice Expense inputs for codes 623XX5-623XX12. The panel included physicians practicing in a wide variety of settings and geographic locations.

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 specialty societies used existing codes 62310-62319 as reference codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialties recommend the accepted minimal use of clinical staff times for pre- and post-service, which is 0 minutes non-facility, 15 minutes facility. The detailed activities of staff are described below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

There are new items listed under medical supplies and equipment which were previously captured in a separately reportable procedure (77003). These are two extra syringes for contrast and medication, PACS workstation proxy. Additionally, a pulse oximeter has been added as standard monitoring equipment.

We are maintaining the fluoroscopic room per instruction by the PE Subcommittee and CMS representative. We have removed the C-arm room and fluoroscopy table as instructed by the PE Subcommittee and CMS representative.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

NA

Intra-Service Clinical Labor Activities:

- The clinical staff completes pre-service diagnostic and referral forms.
- Schedule space and equipment needed.
- Provide and review educational materials and information prior to the procedure.
- Call in any prescriptions necessary for the patient prior to the procedure
- 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 prior to the procedure.
- Clinical staff reviews the chart to be certain all pre-procedure testing is available and the medical history is current.
- Greet and gown the patient
- Obtain four vital signs.
- Review the procedure with the patient and obtain informed consent, witnessed by RN/LPN.
- Prepare the room, making certain supplies and equipment necessary are available.
- Assists the physician with prepping, positioning, and providing anesthesia.
- Remain in the room and assist the physician with the entire procedure.
- After completion of the procedure, monitor the patient.
- Clean the room; check dressings; and provide instructions on pain control and follow-up visits.

RT:

- The RT obtains and displays the previous images.
- Prepare the imaging equipment and input patient and procedure information.
- Position the C-arm and assist in final positioning of the patient and obtain scout films.
- Perform imaging as required during the procedure.
- At the end of the procedure, clean the equipment and process and store hard copies of films.

Post-Service Clinical Labor Activities:

- Phone calls/prescription calls

CPT Code: 623X6, 623X8, 62X10, 62X12___
Specialty Society(‘s) AAPM, AAPMR, ASA, ASNR, NASS, SIS__

CPT Code:623X5, 623X7, 623X9, 62X11__
Specialty Society(‘s) AAPM, AAPMR, ASA, ASNR, NASS, SIS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

623X5: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

623X7: Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

623X9: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

62X11: Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substance, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

Global Period:_000__ **Meeting Date:** _10/2015_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

> A consensus panel comprised of representatives of all involved specialty societies was convened to review the Practice Expense inputs for codes 623X5-62X12. The panel included physicians practicing in a wide variety of settings and geographic locations.

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 specialty societies used existing codes 62310-62319 as reference codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The specialties recommend the accepted minimal use of clinical staff times for pre- and post-service, which is 0 minutes non-facility, 15 minutes facility. The detailed activities of staff are described below.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

In addition to the kit that is standard, we are requesting one extra syringe for medication delivery.

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 completes pre-service diagnostic and referral forms.
- Schedule space and equipment needed.
- Provide and review educational materials and information prior to the procedure.
- Call in any prescriptions necessary for the patient prior to the procedure
- 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 prior to the procedure.
- Clinical staff reviews the chart to be certain all pre-procedure testing is available and the medical history is current.
- Greet and gown the patient
- Obtain four vital signs.
- Review the procedure with the patient and obtain informed consent, witnessed by RN/LPN.
- Prepare the room, making certain supplies and equipment necessary are available.
- Assists the physician with prepping, positioning, and providing anesthesia.
- Remain in the room and assist the physician with the entire procedure.
- After completion of the procedure, monitor the patient.
- Clean the room; check dressings; and provide instructions on pain control and follow-up visits.

Post-Service Clinical Labor Activities:

- Phone calls/prescription calls

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				REFERENCE CODE						REFERENCE CODI						REFEREN
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62310**		**623X5**		**623X6**		**62311**		**623X7**		**623X8**		**623**
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (including		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injecti including i catheter p continuou or intermitt
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6		L037D	RN/LPN/MTA													
7		L041B	RTA													
8	**TOTAL CLINICAL LABOR TIME**			**77.0**	**24.0**	**46.0**	**18.0**	**70.0**	**18.0**	**67.0**	**24.0**	**42.0**	**18.0**	**70.0**	**18.0**	**99.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**11.0**	**21.0**	**0.0**	**15.0**	**2.0**	**15.0**	**11.0**	**21.0**	**0.0**	**15.0**	**2.0**	**15.0**	**11.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**63.0**	**0.0**	**43.0**	**0.0**	**65.0**	**0.0**	**53.0**	**0.0**	**39.0**	**0.0**	**65.0**	**0.0**	**85.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**															
13	**Start: Following visit when decision for surgery or procedure made**															
14	Complete pre-service diagnostic & referral forms			**3**	**3**		**3**		**3**	**3**	**3**		**3**		**3**	**3**
15	Coordinate pre-surgery services				**5**		**3**		**3**		**5**		**3**		**3**	
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**3**		**3**		**5**		**3**		**3**	
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**	**5**		**3**		**3**	**5**	**5**		**3**		**3**	**5**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**		**3**		**3**	**3**	**3**		**3**		**3**	**3**
19	Other Clinical Activity - *specify: pull and display previous images*	L041B	RTA					**2**						**2**		
20	Patient clinical information and questionnaire reviewed by technologist, order from physician confrimed and exam protocoled by practitioner	L041B	RTA					**2**						**2**		
21	**End: When patient enters office/facility for surgery/procedure**															
22	**SERVICE PERIOD**															
23	**Start: When patient enters office/facility for surgery/procedure:**															
24	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**
25	Obtain vital signs	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**
26	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA			**2**		**2**				**2**		**2**		
27	Prepare room, equipment, supplies	L041B	RTA					**2**						**2**		
28	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**2**		**2**		**2**		**2**		**2**		**2**
29	Setup scope (non facility setting only)	L037D	RN/LPN/MTA													
30	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**3**		**2**		**2**		**2**		**2**		**2**		**2**
31	Sedate/apply anesthesia															
32	Other Clinical Activity - specify:															
33	**Intra-service**															
34	Assist physician in performing procedure	L037D	RN/LPN/MTA	**30**		**15**		**15**		**20**		**11**		**15**		**40**
35	Assist physician in performing procedure and acquire images	L041B	RTA					**15**						**15**		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				REFERENCE CODE						REFERENCE CODI						REFEREN
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62310**		**623X5**		**623X6**		**62311**		**623X7**		**623X8**		**623**
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (including		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injecti including i catheter p continuou or intermitt
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
36	Assist physician/moderate sedation (% of physician time)															
37	**Post-Service**															
38	Monitor pt. following moderate sedation															
39	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**13**		**10**		**10**		**17**		**10**		**10**		**29**
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**
41	Clean Scope															
42	Clean Surgical Instrument Package															
43	Complete diagnostic forms, lab & X-ray requisitions															
44	Review/read X-ray, lab, and pathology reports															
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**
46	Technologist QCs images in PACS, checking for all images, reformats, and dose page	L041B	RTA					**2**						**2**		
47	Review examination with interpreting MD	L041B	RTA					**2**						**2**		
48	Exam document scanned into PACS.	L041B	RTA					**1**						**1**		
49	Other Clinical Activity - *specify:*															
50	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**
51	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
52	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
53	**End: Patient leaves office**															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1				REFERENCE CODE						REFERENCE CODE						REFEREN
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**62310**		**623X5**		**623X6**		**62311**		**623X7**		**623X8**		**623**
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (including		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic,		Injecti including i catheter p continuou or intermitt
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
54	**POST-SERVICE Period**															
55	**Start: Patient leaves office/facility**															
56	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
57	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
58	99211 16 minutes		16													
59	99212 27 minutes		27													
60	99213 36 minutes		36													
61	99214 53 minutes		53													
62	99215 63 minutes		63													
63	**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**
64	Other Clinical Activity - *specify:*															
65	**End: with last office visit before end of global period**															
66	**MEDICAL SUPPLIES***	**CODE**	**UNIT**													
67	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**
68	tray, epidural	SA064	tray	**1**		**1**		**1**		**1**		**1**		**1**		**1**
69	cap, surgical	SB001	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**
70	gloves, sterile	SB024	pair	**2**		**2**		**2**		**2**		**2**		**2**		**2**
71	mask, surgical	SB033	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**
72	gown, staff, impervious	SB027	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**
73	underpad 2ft x 3ft (Chux)	SB044	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**
74	drape, sterile, three-quarter sheet	SB014	item							**1**		**1**		**1**		
75	drape, sterile, c-arm, fluoro	SB008	item					**1**						**1**		
76	syringe 10-12ml	SC051	item			**1**		**2**				**1**		**2**		
77	syringe 3ml	SC055	item													
78	needle, epidural (RK)	SC038	item			**1**		**1**				**1**		**1**		
79	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					**1**						**1**		
80	Kit, Contrast Imaging	SA114	kit					**1**						**1**		
81	**EQUIPMENT**	**CODE**	**item**													
82	stretcher	EF018	min	**26**		**73**		**73**		**26**		**69**		**73**		**38**
83	room, radiographic-fluoroscopic	EL014	min	**37**				**24**		**37**				**24**		**47**
84	pulse oximeter w-printer	EQ211	min			**73**		**73**				**69**		**73**		
85	PACS Workstation Proxy	ED050	min					**38**						**38**		
86																
87																
88																

	A	B	C	Q	R	S	T	U	V	W	X	Y	Z	AA
1				CE CODI					REFERENCE CODI					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			18	623X9		62X10		62319		62X11		62X12	
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	on(s), ndwelling acement, s infusion ent bolus,	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,	
4	**LOCATION**			**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**
6		L037D	RN/LPN/MTA											
7		L041B	RTA											
8	**TOTAL CLINICAL LABOR TIME**			**24.0**	**46.0**	**18.0**	**70.0**	**18.0**	**84.0**	**24.0**	**46.0**	**18.0**	**70.0**	**18.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**21.0**	**0.0**	**15.0**	**2.0**	**15.0**	**11.0**	**21.0**	**0.0**	**15.0**	**2.0**	**15.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**43.0**	**0.0**	**65.0**	**0.0**	**70.0**	**0.0**	**43.0**	**0.0**	**65.0**	**0.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
12	**PRE-SERVICE**													
13	**Start: Following visit when decision for surgery or procedure made**													
14	Complete pre-service diagnostic & referral forms			**3**		**3**		**3**	**3**	**3**		**3**		**3**
15	Coordinate pre-surgery services			**5**		**3**		**3**		**5**		**3**		**3**
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**5**		**3**		**3**		**5**		**3**		**3**
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**5**		**3**		**3**	**5**	**5**		**3**		**3**
18	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**		**3**		**3**	**3**	**3**		**3**		**3**
19	Other Clinical Activity - *specify: pull and display previous images*	L041B	RTA				**2**						**2**	
20	Patient clinical information and questionnaire reviewed by technologist, order from physician confrimed and exam protocoled by practitioner	L041B	RTA				**2**						**2**	
21	**End: When patient enters office/facility for surgery/procedure**													
22	**SERVICE PERIOD**													
23	**Start: When patient enters office/facility for surgery/procedure:**													
24	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**	
25	Obtain vital signs	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**	
26	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**2**		**2**				**2**		**2**	
27	Prepare room, equipment, supplies	L041B	RTA				**2**						**2**	
28	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		**2**		**2**		**2**		**2**		**2**	
29	Setup scope (non facility setting only)	L037D	RN/LPN/MTA											
30	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		**2**		**2**		**2**		**2**		**2**	
31	Sedate/apply anesthesia													
32	Other Clinical Activity - specify:													
33	**Intra-service**													
34	Assist physician in performing procedure	L037D	RN/LPN/MTA		**15**		**15**		**30**		**15**		**15**	
35	Assist physician in performing procedure and acquire images	L041B	RTA				**15**						**15**	

	A	B	C	Q	R	S	T	U	V	W	X	Y	Z	AA
1				CE CODI					REFERENCE CODI					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**18**	**623X9**		**62X10**		**62319**		**62X11**		**62X12**	
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	on(s), ndwelling lacement, s infusion ent bolus,	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,	
4	**LOCATION**			**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**
36	Assist physician/moderate sedation (% of physician time)													
37	**Post-Service**													
38	Monitor pt. following moderate sedation													
39	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA		**10**		**10**		**24**		**10**		**10**	
40	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**	
41	Clean Scope													
42	Clean Surgical Instrument Package													
43	Complete diagnostic forms, lab & X-ray requisitions													
44	Review/read X-ray, lab, and pathology reports													
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**		**3**	
46	Technologist QCs images in PACS, checking for all images, reformats, and dose page	L041B	RTA				**2**						**2**	
47	Review examination with interpreting MD	L041B	RTA				**2**						**2**	
48	Exam document scanned into PACS.	L041B	RTA				**1**						**1**	
49	Other Clinical Activity - *specify:*													
50	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
51	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
52	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
53	**End: Patient leaves office**													

	A	B	C	Q	R	S	T	U	V	W	X	Y	Z	AA
1				CE CODI					REFERENCE CODI					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**18**	**623X9**		**62X10**		**62319**		**62X11**		**62X12**	
3	**Meeting Date: October 2015** **Tab: 10** **Specialty: AAPM, AAPMR, ASA, ASNR, SIS, NASS**	**CMS Code**	**Staff Type**	on(s), ndwelling acement, s infusion ent bolus,	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus,	
4	**LOCATION**			**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**
54	**POST-SERVICE Period**													
55	**Start: Patient leaves office/facility**													
56	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
57	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
58	99211 16 minutes		16											
59	99212 27 minutes		27											
60	99213 36 minutes		36											
61	99214 53 minutes		53											
62	99215 63 minutes		63											
63	**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**
64	Other Clinical Activity - *specify:*													
65	**End: with last office visit before end of global period**													
66	**MEDICAL SUPPLIES***	**CODE**	**UNIT**											
67	pack, minimum multi-specialty visit	SA048	pack		**1**		**1**		**1**		**1**		**1**	
68	tray, epidural	SA064	tray		**1**		**1**		**1**		**1**		**1**	
69	cap, surgical	SB001	item		**1**		**1**		**1**		**1**		**1**	
70	gloves, sterile	SB024	pair		**2**		**2**		**2**		**2**		**2**	
71	mask, surgical	SB033	item		**1**		**1**		**1**		**1**		**1**	
72	gown, staff, impervious	SB027	item		**1**		**1**		**1**		**1**		**1**	
73	underpad 2ft x 3ft (Chux)	SB044	item		**1**		**1**		**1**		**1**		**1**	
74	drape, sterile, three-quarter sheet	SB014	item						**1**		**1**		**1**	
75	drape, sterile, c-arm, fluoro	SB008	item				**1**						**1**	
76	syringe 10-12ml	SC051	item		**1**		**2**				**1**		**2**	
77	syringe 3ml	SC055	item											
78	needle, epidural (RK)	SC038	item		**1**		**1**				**1**		**1**	
79	disinfectant, surface (Envirocide, Sanizide)	SM013	oz				**1**						**1**	
80	Kit, Contrast Imaging	SA114	kit				**1**						**1**	
81	**EQUIPMENT**	**CODE**	**item**											
82	stretcher	EF018	min		**73**		**73**		**33**		**73**		**73**	
83	room, radiographic-fluoroscopic	EL014	min				**24**		**37**				**24**	
84	pulse oximeter w-printer	EQ211	min		**73**		**73**				**73**		**73**	
85	PACS Workstation Proxy	ED050	min				**38**						**38**	
86														
87														
88														

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

October 2015

Retinal Detachment Repair

CPT codes 67108 and 67113 were identified through the 090-Day Global Post-Operative Visits screen. In October 2014, the CPT Editorial Panel deleted 67112; revised 67107 and codes 67101, 67105, 67107, 67108, 67110 and 67113 were added as part of the family of services to review of physician work and direct practice expense inputs. In April 2015, the RUC recommended to refer 67101 to CPT for revision. The specialty noted that diathermy is no longer used for this procedure and also that they plan on proposing to delete the "1 or more sessions" descriptor language. In May 2015, the CPT Editorial Panel revised 67101 and 67105, two retinal detachment repair codes to exclude "diathermy" and "with or without drainage of subretinal fluid" to update the descriptors and to also remove the reference to "1 or more sessions" so that the services may be valued based on a single session. The global period will change from a 090 day to a 010 day global for these services.

67101 Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
The RUC reviewed the survey results from 58 ophthalmologists and recommend the following physician time components: pre-service time of 25 minutes, intra-service time of 40 minutes and immediate post-service time of 15 minutes. The RUC also agreed with the specialty society with the following post-operative visits: one-half day discharge management service (99238) and two level three Evaluation and Management office visits (99213).

The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 3.50 is an appropriate value for CPT code 67101. To justify a work RVU of 3.50, the RUC compared the surveyed code to the second highest key reference service 12052 *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU= 2.87, intra time= 30 minutes) and agreed that since the surveyed code has 10 additional minutes of intra-service time over the reference code, it is appropriately valued higher. The RUC also reviewed CPT code 62365 *Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion* (work RVU= 3.93, intra time= 45 minutes) and noted that while both services have comparable physician work, the reference code has slightly more intra-service time and is appropriately valued higher. **The RUC recommends a work RVU of 3.50 for CPT code 67101.**

67105 Repair of retinal detachment including drainage of subretinal fluid when performed; photocoagulation
The RUC reviewed the survey results from 62 ophthalmologists and recommend the following physician time components: pre-service time of 11 minutes, intra-service time of 30 minutes and immediate post-service time of 10 minutes. The RUC also agreed with the specialty society with the following post-operative visits: two level three Evaluation and Management office visits (99213).

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The RUC reviewed the survey respondents' estimated work values and agreed that the 25th percentile work RVU of 3.84 is an appropriate value for CPT code 67105. To justify a work RVU of 3.84, the RUC compared the surveyed code to code 64633 *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint* (work RVU= 3.84, intra time= 30 minutes) and noted that since both codes have identical intra-service time and comparable physician work, they should both be valued the same. The RUC also compared 67105 to 67101 and agreed that while 67101 has 10 additional minutes of intra-service time, 67105 is a more intense procedure and it accurately valued slightly higher. **The RUC recommends a work RVU of 3.84 for CPT code 67105.**

Practice Expense
The RUC reviewed the PE Subcommittee's modifications to the practice expense, which included the removal of duplicative pre-service time due to the inclusion of post-operative office visits and modification of the equipment minutes. The RUC approved these modifications.

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
▲67101	E1	Repair of retinal detachment,~~ 1 or more sessions~~ including drainage of subretinal fluid when performed; cryotherapy ~~or diathermy, with or without drainage of subretinal fluid~~	~~090~~ 010	3.50
▲67105	E2	photocoagulation~~, with or without drainage of subretinal fluid~~	~~090~~ 010	3.84

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:67101 Tracking Number Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **3.50**
Global Period: 010 RUC Recommended RVU: **3.50**

CPT Descriptor: Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 5 year old child is found to have leukocoria in one eye and a retinal detachment with massive retinal exudation.

Percentage of Survey Respondents who found Vignette to be Typical: 50%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 52% , In the ASC 14%, In the office 34%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 97% , Overnight stay-less than 24 hours 3% , 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? 57%

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: Review patient record. Review diagnostic testing (fundus photography, extended ophthalmoscopy, fluorescein angiography, and optical coherence tomography) and previous exam under anesthesia records. Discuss surgery with patient and family. Obtain consent from the parents or authorized representatives. Write preoperative orders for medications and pupillary dilation. Select appropriate anesthesia with anesthesia team. Perform surgical 'time out' with the OR team to identify the eye for treatment. After appropriate anesthesia is administered, the eye is prepped and draped.

Description of Intra-Service Work: A 360 degree limbal peritomy is created and the rectus muscles are isolated with sutures. A pars plana or anterior chamber infusion cannula is placed. Under indirect ophthalmoscopy, a drainage site is selected. A sclerotomy down to the choroid is made at the drainage site and the choroid is treated with diathermy. A choroidotomy is created with a needle into the subretinal space and the subretinal fluid is drained under positive pressure from the infusion cannula. When adequate subretinal fluid drainage is achieved the sclerotomy is closed with suture. Using the indirect ophthalmoscope, telangiectatic retinal vessels are identified and treated with cryotherapy using a freeze-thaw technique. After completion of the cryotherapy, the muscle sutures and infusion cannula are removed, and the conjunctiva is closed with suture at the limbus. Subconjunctival antibiotics are injected. Intraocular pressure is assessed and pressure patch is placed.

Description of Post-Service Work: Write post-operative orders. Chart progress notes. Discuss surgical procedure and post op instructions with family. Necessary follow up testing and exams as well as activity and restrictions are reviewed. Medications are discussed as appropriate. Dictate operative note. Communicate with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Steve Kamenetzky, M.D and David Glasser, M.D,		
Specialty(s):	Opthalmology		
CPT Code:	67101		
Sample Size:	744	**Resp N:** 58	**Response:** 7.7 %
Description of Sample:	A random sample of members were pulled from the AAO and American Society of Retina Specialists (ASRS) database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	200.00
Survey RVW:	1.77	3.50	**5.00**	9.00	40.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	20.00	**40.00**	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):	**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)

1b-FAC Straightforw Pat Procedure(w sedate/anes)

CPT Code:	67101	**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:		**19.00**	**19.00**	**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:		**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)

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:	**15.00**	**30.00**	**-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:	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? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66761	010	3.00	**RUC Time**

CPT Descriptor Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12052	010	2.87	**RUC Time**

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

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
63661	010	5.08	**RUC Time**	3,156

CPT Descriptor 1 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62264	010	4.42	**RUC Time**	12,174

CPT Descriptor 2 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; 1 day

Other Reference CPT Code	Global	Work RVU	Time Source
47490	010	4.76	**RUC Time**

CPT Descriptor Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

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:** 74.1 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 67101	**Top Key Reference CPT Code:** 66761	**2nd Key Reference CPT Code:** **12052**
Median Pre-Service Time	25.00	7.00	14.00
Median Intra-Service Time	40.00	10.00	30.00
Median Immediate Post-service Time	15.00	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	19.0	0.00	0.00
Median Office Visit Time	46.0	39.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**145.00**	**66.00**	**70.00**
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	1.84	1.60
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.70	0.80
Urgency of medical decision making	1.51	1.40
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.81	1.80

Physical effort required	1.81	0.80

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.81	1.80
Outcome depends on the skill and judgment of physician	1.81	1.80
Estimated risk of malpractice suit with poor outcome	1.79	1.20

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.84	1.40

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.*

CPT 67101 was identified as a potentially misvalued code and has never been surveyed and reviewed by the RUC. It describes cryotherapy of an exudative retinal detachment in a child with Coats' disease. It is typically performed in a facility under general anesthesia. A random survey of AAO and American Society of Retina Specialists (ASRS) members included 58 respondents, 50% of whom found the vignette typical. The code will be changed to and was surveyed as a 010-day global. The median WRVU was 5.00 and the 25th percentile was 3.50. Median IST was 40 minutes. The current value of the code is 8.80 as a 090-day global. The primary reference service chosen was CPT 66761, *Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)* (RUC April 2010) with a WRVU of 3.00. The intensity and complexity metrics for the surveyed code were significantly higher across all domains than for the reference code.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. It was noted that there was a bimodal interpretation of the survey, with a significant minority responding as if this were a rhegmatogenous retinal detachment in an adult treated in an office setting with local injection anesthesia. This reflects the infrequency of the procedure and the bimodal distribution of actual cases reported with this code descriptor. This is reflected as well in the claims data, which show the majority of the cases performed in a facility in the Medicaid population and in the office (with an office visit) in the Medicare population. The typical case per the expert panel is a child with an exudative detachment, and is performed in a facility under general anesthesia.

The median survey IST of 40 minutes was a substantial reduction compared to the current value. The procedure has not changed significantly in 20 years, but survey times often decrease in comparison to Harvard times. The panel supports the survey result of two level-3 postop visits, a decrease from the current number of four level-3 visits. Both visits entail a complete dilated examination to assess early response to therapy. We chose pre-service package 1B and reduced the median survey pre-times to match the package. We deducted 15 minutes from post-service package 9A for a total of 15 minutes to monitor the patient and prepare an operative report, matching the survey.

This value is supported by CPT 47490, *Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation* (RUC October 2009) with 4.76 WRVU, an IST of 30 minutes, two inpatient postop visits and a total time of 133 minutes. It is also supported by CPT 36558, *Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older* (RUC April 2003), with 4.84 WRVU, an IST of 30 minutes, and one less postoperative visit than the surveyed code.

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) As noted in the rationale, although CMS data shows reporting on the same date with an office visit, the CMS data is not representative of the typical patient, which is a child (not of Medicare age).

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) 67101

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? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1700
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 1700 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? 850
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 + additional services due to CPT language change from 1 or more sessions to per session.

Specialty Ophthalmology Frequency 850 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? 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:
Eye 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 67101

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:67105 Tracking Number Original Specialty Recommended RVU: **3.84**
Presented Recommended RVU: **3.84**
Global Period: 010 RUC Recommended RVU: **3.84**

CPT Descriptor: Repair of retinal detachment including drainage of subretinal fluid when performed; photocogulation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62 year old myopic male presenting with photopsias and floaters has a retinal tear with a retinal detachement measuring 6 by 8 disc areas in size.

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 21% , In the ASC 11%, In the office 68%

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? 59%

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 patient record. Review preoperative diagnostic testing and retinal drawing. Discuss surgery with patient. Obtain informed consent. Write preoperative orders for medications and pupillary dilation. Perform surgical 'time out' to identify the eye for treatment. Appropriate topical anesthesia is administered.

Description of Intra-Service Work: Examine the retina to ensure laser therapy is still appropriate (as opposed to scleral buckle or vitreoretinal surgery). Administer laser photocoagulation by either one of two techniques: slit lamp delivery system or indirect ophthalmoscopic delivery system. With the slit lamp laser system, apply a fundus contact lens to the globe using a liquid methylcellulose cushion. Apply multiple rows of laser ablation to the attached retina surrounding the retinal detachment. With the indirect ophthalmoscopic delivery system, apply multiple rows of laser ablation to the attached retina surrounding the retinal detachment.

Description of Post-Service Work: Write post-operative orders. Chart progress notes. Discuss procedure and post op instructions with patient and family. Necessary follow up testing and exams as well as activity and restrictions are reviewed. Medications are discussed as appropriate. Dictate operative note. Communicate with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Steve Kamanetzy, M.D. and David Glasser, M.D,		
Specialty(s):	Ophthalmology		
CPT Code:	67105		
Sample Size:	745	**Resp N:** 62	**Response:** 8.3 %
Description of Sample:	A random sample of members were pulled from the AAO and American Society of Retina Specialists (ASRS) database.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**20.00**	40.00	200.00
Survey RVW:	2.10	3.84	**5.00**	9.83	28.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	7.00	20.00	**30.00**	60.00	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):	**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)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	67105	**Recommended Physician Work RVU: 3.84**		
		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:		**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)

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:	**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):	**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? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66761	010	3.00	**RUC Time**

CPT Descriptor Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12052	010	2.87	**RUC Time**

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

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
11643	010	3.42	**RUC Time**	41,996

CPT Descriptor 1 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
13121	010	4.00	**RUC Time**	136,242

CPT Descriptor 2 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

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: 54 **% of respondents:** 87.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 6.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 67105	**Top Key Reference CPT Code:** 66761	**2nd Key Reference CPT Code:** **12052**
Median Pre-Service Time	11.00	7.00	14.00
Median Intra-Service Time	30.00	10.00	30.00
Median Immediate Post-service Time	10.00	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	46.0	39.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**97.00**	**66.00**	**70.00**
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	1.65	1.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.44	0.75
Urgency of medical decision making	1.83	1.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.87	1.75
Physical effort required	1.81	1.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.87	1.50
Outcome depends on the skill and judgment of physician	1.87	1.75
Estimated risk of malpractice suit with poor outcome	1.78	1.25

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.89	1.75

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.*

CPT 67105 was identified as a potentially misvalued code and has never been RUC surveyed. It describes laser photocoagulation of a rhegmatogenous retinal detachment. It is typically performed in the office with topical anesthesia. A random survey of AAO and American Society of Retina Specialists members had 62 respondents, 87% of whom found the vignette typical. The code will be changed to and was surveyed as a 010-day global. The median WRVU was 5.00 and the 25th percentile was 3.84. Median IST was 30 minutes. The current value of the code is 8.53 as a 090-day global. The primary reference service chosen was CPT 66761, *Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)* (RUC April 2010) with a WRVU of 3.00. The intensity and complexity metrics for the surveyed code were significantly higher across all domains than for the 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 30 minutes was a substantial reduction compared to the current value. The procedure has not changed significantly in 20 years, but survey times often decrease in comparison to Harvard times. The panel supports the survey result of two level-3 postop visits, a decrease from the current number of three and one-half level-3 visits. Both visits entail a complete dilated examination to assess early response to therapy. We chose pre-service package 6A, with lower times than the survey results, and further reduced the pre-service evaluation time to 5 minutes because the procedure is typically done with a same-day office visit. We used the survey result of 10 minutes for post-service time to monitor the patient and prepare an operative report. **We recommend the 25th percentile value of 3.84 WRVU.**

This value is supported by MPC code 11643, *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm* (RUC August 2005) with 3.42 WRVU, an IST of 30 minutes and one less postop visit than the surveyed code. It is also supported by CPT 64633, *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint* (RUC April 2011), with 3.84 WRVU, an IST of 30 and a total time of 116 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 and E/M code

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) 67105

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? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 17000
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 17000 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? 8,500
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 + additional services due to CPT language change from 1 or more sessions to per session.

Specialty Ophthalmology Frequency 8500 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? 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:
Eye 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 67105

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: 67101 Retinal Detachment Repair

TAB: 11

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
REF	66761	Iridotomy	62	0.117			3.00			66	7					10			10														1	1					
CURRENT	67101	RD, Cryo or Diathermy		0.026			8.80			292	24		15			126			16						0.5								4						
SVY	67101	RD, Cryo or Diathermy	58	0.010	1.77	3.50	5.00	9.00	40.00	205	60	10	15	10	20	40	60	120	15						0.5								2						
REC	67101	RD, Cryo or Diathermy		0.002			3.50			145	19	1	5			40			15						0.5								2						

ISSUE: 67105 Retinal Detachment Repair

TAB: 11

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
REF	66761	Iridotomy	62	0.117			3.00			66	7					10			10														1	1					
CURRENT	67105	RD, Photocoag		0.052			8.53			227	25		25			76			20														3.5						
SVY	67105	RD, Photocoag	62	0.051	2.10	3.84	5.00	9.83	28.00	151	45	10	10	7	20	30	60	120	10														2						
REC	67105	RD, Photocoag		0.050			3.84			97	5	1	5			30			10														2						

11
Tab Number

Retinal Detachment
Issue

67101 and 67105
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 Kamentsky
Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

September 4, 2015
Date

Tab 11
Tab Number

Retinal detachment
Issue

67101 and 67105
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

September 4, 2015
Date

11
Tab Number

Retinal Detachment Repair
Issue

67101, 67105
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_____
Printed Signature

_ASRS_____
Specialty Society

_9/8/2015_____
Date

CPT Code: 67101
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
010 Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy.

Global Period: 010 Meeting Date: 10/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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:
Following visit when decision for surgery or procedure made:

- Complete pre-service diagnostic and referral forms: 5 min
- Coordinate pre-surgery services: 3 min
- Provide pre-service education/obtain consent: 7 min
- Follow-up phone calls and prescriptions: 3 min

When patient enters office/facility for surgery/procedure:

- Prepare room, equipment, supplies: 2 min
- Prepare and position patient/monitor patient/set up IV: 2 min
- Sedate/apply anesthesia: 2 min

Intra-Service Clinical Labor Activities:

Assist physician in performing procedure: 40 min

Post-Service Clinical Labor Activities:

- Clean room/equipment: 3 min
- Clean Surgical Instrument Package: 10 min

Patient leaves office/facility:

- 2 visits of 99213

CPT Code: 67101
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
010 Global Period
Facility Direct Inputs

CPT Long Descriptor:

Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy.

Global Period: 010 Meeting Date: 10/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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:
Following visit when decision for surgery or procedure made:

- Complete pre-service diagnostic & referral forms : 5 min
- Coordinate pre-surgery services: 10 min
- Schedule space and equipment in facility: 5 min
- Provide pre-service education/obtain consent: 7 min
- Follow-up phone calls & prescriptions: 3 min

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:
Patient leaves office/facility:

- 2 visits of 99213

CPT Code: 67105
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
010 Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Repair of retinal detachment including drainage of subretinal fluid when performed; photocoagulation

Global Period: 010 Meeting Date: 10/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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:

Following visit when decision for surgery or procedure made:

- Complete pre-service diganositc and referral forms: 5 min
- Coordinate pre-surgery service: 3 min
- Provide pre-service education/obtain consent: 7 min
- Follow-up phone calls and prescriptions: 3 min

When patient enters office/facility for surgery/procedure:

- Prepare room, equipment, supplies: 2 min
- Prepare and position patient/monitor patient/ setup IV: 2 min
- Sedate/apply anesthesia: 2 min

Intra-Service Clinical Labor Activities:

- Assist physician in performing procedure: 30 min

Post-Service Clinical Labor Activities:

- Clean room/equipment: 3 min
- 2 visits of 99213

CPT Code: 67105
Specialty Society(‘s) AAO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
010 Global Period
Facility Direct Inputs

CPT Long Descriptor:

Repair of retinal detachment including drainage of subretinal fluid when performed; photocoagulation

Global Period: 010 Meeting Date: 10/2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

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:
Following visit when decision for surgery or procedure made:

- Complete pre-service diganositc and referral forms: 5 min
- Coordinate pre-surgery service: 10 min
- Schedule space and equipment in facitlity: 5 min
- Provide pre-service education/obtain consent: 7 min
- Follow-up phone calls and prescriptions: 3 min

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:
Patient leaves office/facility:

- 2 visits of 99213

	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.**			**67101**		**67101**	
3	Meeting Date: October 2015 Tab: 11 Specialty:Ophthalmology	**CMS Code**	**Staff Type**	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or w/o drainage of		Repair of retinal detachment, cryotherapy or diathermy, with or w/o drainage of subretinal fluid	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**			**336.0**	**210.0**	**139.0**	**108.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**35.0**	**60.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**157.0**	**6.0**	**67.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**144.0**	**144.0**	**72.0**	**72.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/R	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/R	**10**	**20**	**0**	**10**
14	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST		**8**		**5**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/R	**10**	**20**	**0**	**7**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/R	**10**	**7**	**0**	**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	L038A	COMT/COT/R	**3**			
22	Obtain vital signs	L038A	COMT/COT/R	**3**			
23	Provide pre-service education/obtain consent					**3**	
24	Prepare room, equipment, supplies	L038A	COMT/COT/R	**2**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/R	**2**		**2**	
27	Sedate/apply anesthesia	L038A	COMT/COT/R	**2**		**2**	
28	Other Clinical Activity - specify:						
29	**Intra-service**	L038A	COMT/COT/R				
30	Assist physician in performing procedure			**126**		**40**	
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	L038A	COMT/COT/R	**3**		**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	COMT/COT/R	**10**		**10**	
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	L038A	COMT/COT/R	**6**		**5**	
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**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				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**67101**		**67101**	
3	Meeting Date: October 2015 Tab: 11 Specialty:Ophthalmology	**CMS Code**	**Staff Type**	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or w/o drainage of		Repair of retinal detachment, cryotherapy or diathermy, with or w/o drainage of subretinal fluid	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**10**	**10**
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	**4**	**4**	**2**	**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**144.0**	**144.0**	**72.0**	**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, ophthalmology visit (w-dilation)	SA082	pack	**5**	**4**	**2**	**2**
60	pack, cleaning	SA083	pack			**1**	
61	gloves, sterile	SB024	pair	**2**		**2**	
62	gown, staff, impervious	SB027	item	**2**		**2**	
63	shoe covers, surgical	SB039	pair	**2**		**2**	
64	needle, 18-27g	SC029	item	**1**		**1**	
65	needle, 30g	SC031	item	**1**		**1**	
66	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**5**		**5**	
67	povidone soln (Betadine)	SJ041	ml	**1**			
68	povidone swabsticks (3 pack uou)	SJ043	item	**1**		**1**	
69	Goniosol 2.5% ophth	SH037	ml				
70	syringe 1ml	SC052	item	**1**			
71	syringe 5-6ml	SC057	item			**1**	
72	**EQUIPMENT**	**CODE**					
73	lane, exam (oph)	EL005		**301**	**144**	**129.0**	**72.0**
74	cryosurgery system, ophthalmic	EQ095		**157**		**47**	
75	cryosurgical probe, retina	EQ096		**157**		**47**	
76	laser, argon (w-slit lamp adapter)	EQ158					
77	slit lamp (Haag-Streit), dedicated to laser use	EQ230					
78	instrument pack, basic ($500-$1499)	EQ137				**56**	

	A	B	C	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.**			**67105**		**67105**	
3	Meeting Date: October 2015 Tab: 11 Specialty:Ophthalmology	**CMS Code**	**Staff Type**	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or w/o drainage of		Repair of retinal detachment, photocoagulation, with or w/o drainage of subretinal fluid	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**10**	**10**
6	**TOTAL CLINICAL LABOR TIME**			**262.0**	**192.0**	**114.0**	**102.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**35.0**	**60.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**101.0**	**6.0**	**42.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**126.0**	**126.0**	**72.0**	**72.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L038A	COMT/COT/F	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services	L038A	COMT/COT/F	**10**	**20**	**0**	**10**
14	Schedule space and equipment in facility	L038A	COMT/COT/F		**8**		**5**
15	Provide pre-service education/obtain consent	L038A	COMT/COT/F	**10**	**20**	**0**	**7**
16	Follow-up phone calls & prescriptions	L038A	COMT/COT/F	**10**	**7**	**0**	**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	L038A	COMT/COT/F	**3**			
22	Obtain vital signs	L038A	COMT/COT/F	**3**			
23	Provide pre-service education/obtain consent					**3**	
24	Prepare room, equipment, supplies	L038A	COMT/COT/F	**2**		**2**	
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV	L038A	COMT/COT/F	**2**		**2**	
27	Sedate/apply anesthesia	L038A	COMT/COT/F	**2**		**2**	
28	Other Clinical Activity - specify:						
29	**Intra-service**	L038A	COMT/COT/F				
30	Assist physician in performing procedure			**76**		**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	L038A	COMT/COT/F	**3**		**3**	
36	Clean Scope						
37	Clean Surgical Instrument Package	L038A	COMT/COT/F	**10**			
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	L038A	COMT/COT/F				
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**6**	**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	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.**			**67105**		**67105**	
3	Meeting Date: October 2015 Tab: 11 Specialty:Ophthalmology	**CMS Code**	**Staff Type**	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or w/o drainage of		Repair of retinal detachment, photocoagulation, with or w/o drainage of subretinal fluid	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**10**	**10**
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	**3.5**	**3.5**	**2**	**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**126.0**	**126.0**	**72.0**	**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, ophthalmology visit (w-dilation)	SA082	pack	**4.5**	**3.5**	**2**	**2**
60	pack, cleaning	SA083	pack				
61	gloves, sterile	SB024	pair				
62	gown, staff, impervious	SB027	item				
63	shoe covers, surgical	SB039	pair				
64	needle, 18-27g	SC029	item				
65	needle, 30g	SC031	item	**1**		**1**	
66	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**5**		**5**	
67	povidone soln (Betadine)	SJ041	ml				
68	povidone swabsticks (3 pack uou)	SJ043	item				
69	Goniosol 2.5% ophth	SH037	ml	**0.1**		**0.1**	
70	syringe 1ml	SC052	item	**1**		**0**	
71	syringe 5-6ml	SC057	item			**1**	
72	**EQUIPMENT**	**CODE**					
73	lane, exam (oph)	EL005		**223**	**126**	**114.0**	**72.0**
74	cryosurgery system, ophthalmic	EQ095					
75	cryosurgical probe, retina	EQ096					
76	laser, argon (w-slit lamp adapter)	EQ158		**97**		**37**	
77	slit lamp (Haag-Streit), dedicated to laser use	EQ230		**97**		**37**	
78	instrument pack, basic ($500-$1499)	EQ137					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2015

Abdominal Aorta Ultrasound Screening

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 *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited*. 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 they 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, CMS 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 code 76775, 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 *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)*. After considering the issue, CMS proposed G0389 as a potentially misvalued code and sought recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. In response, the RUC, in September 2014, referred G0389 to CPT to transition this code to a Category I code for the 2016 cycle.

The specialty societies indicated, and the RUC agreed, that there is compelling evidence that the physician work has changed for this service based on an original flawed methodology, as well as incorrect assumptions made in the previous valuation. The current work RVU and physician time for CPT code G0389 is based on a CMS crosswalk, not a survey. The G-code is crosswalked to a service performed by a different specialty; the dominant provider for 76775 is Urology with a vignette of renal cyst. Subsequently the practice expense direct inputs were changed because of information that the code was primarily being used in the office as a urinary bladder scan. New CPT code 767X1 was created to describe the appropriate physician work and practice expense direct inputs for abdominal aortic aneurysm (AAA) ultrasound screening.

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The dominant provider of the previously billed G-code is internal medicine with nearly 33 percent, yet internal medicine did not participate in the survey. The specialty noted that they have continually called for coverage of the service to be restricted to accredited labs in order to reduce inappropriate claims. The RUC noted that there is nothing in the descriptor to limit the service to accredited labs and prevent use by an internist with a portable device. CMS expressed that they do not base their payment decisions on the best way to provide a service, but rather on who is providing it. **The RUC recommends referring CPT code 767X1 to the Relativity Assessment Workgroup for review in 3 years in order to review the dominant provider after claims data for the new code is available.**

767X1 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
The specialty society, based on the guidance of the RUC, revised their initial recommendation of the survey median work value to the survey 25th percentile. The RUC reviewed the survey results from 211 vascular surgeons and radiologists and determined that the survey 25th percentile work RVU of 0.55 appropriately accounts for the physician work required to provide this service. The RUC recommends the following physician time components: pre-service time of 5 minutes, intra-service time of 10 minutes and post-service time of 5 minutes.

The RUC compared the surveyed service to similar service CPT code 78014 *Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)* (work RVU= 0.50, intra time= 10) and agreed that the surveyed code should be valued higher as it is more intense to perform. For additional support, the RUC referenced MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56, intra time= 10 minutes) and CPT code 75571 *Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium* (work RVU= 0.58, intra time= 10 minutes). **The RUC recommends a work RVU of 0.55 for CPT code 767X1.**

Practice Expense
The PE Subcommittee reduced the clinical staff time to *prepare room, equipment and supplies* from 4 to 2 minutes. The PE Subcommittee raised concerns that the PE Subcommittee 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 with 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 specialty explained that this service appropriately utilizes an ultrasound room. The presenters explained, and the PE Subcommittee agreed, that this is likely an issue of miscoding. **The RUC recommends that the specialty work with the AMA to develop a CPT Assistant article to clarify appropriate use of the new CPT code 767X1 that will replace the G-code G0389. The RUC recommends the direct practice expense inputs as modified by the PE 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 (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Diagnostic Ultrasound **Abdomen and Retroperitoneum**				
76700		*Ultrasound, abdominal, real time with image documentation; complete*		
76705		*limited (eg, single organ, quadrant, follow-up)*		
76770		*Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation, complete*		
76775		*limited*		
Noninvasive Vascular Diagnostic Studies **Visceral and Penile Vascular Studies**				
93978		*Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study*		
93979		*unilateral or limited study*		
		(For ultrasound screening study for abdominal aortic aneurysm (AAA)of the abdominal aorta, real time with image documentation, see 767X1)		
●767X1	F1	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) (For ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979)	XXX	0.55

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:767X1 Tracking Number F1 Original Specialty Recommended RVU: **0.65**
Presented Recommended RVU: **0.55**
Global Period: XXX RUC Recommended RVU: **0.55**

CPT Descriptor: Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) (For screening ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old obese male smoker undergoes a screening duplex scan for abdominal aortic aneurysm (AAA)

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?
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: Review the indications for the examination and any pertinent clinical history.

Description of Intra-Service Work: Supervise the technologist performing the examination. Interpret the ultrasound examination with evaluation of the target structures and confirm the measured aortic diameter.

Description of Post-Service Work: Dictate report for the medical record. Review and sign final report. Communicate findings to referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, David Han, MD, Zeke Silva, MD, Kurt Schoppe, MD, Michael Hall, MD and Jerry Niedzwiecki, MD		
Specialty(s):	Vascular Surgery and Radiology		
CPT Code:	767X1		
Sample Size:	3480	**Resp N:** 211	**Response:** 6.0 %
Description of Sample:	SVS - 2,100 All US, MD members SIR - 630 randomly selected US, MD members ACR - 750 randomly selected US, MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	70.00	1000.00
Survey RVW:	0.15	0.55	**0.65**	0.75	0.85
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	5.00	**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)

XXX Global Code

CPT Code:	767X1	**Recommended Physician Work RVU: 0.55**		
		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:	**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? 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
76705	XXX	0.59	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76770	XXX	0.74	**RUC Time**

CPT Descriptor Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; 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
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**RUC Time**	454,815

CPT Descriptor 2 Ultrasound, transvaginal

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: 61 **% of respondents:** 28.9 **%**

Number of respondents who choose 2nd Key Reference Code: 55 **% of respondents:** 26.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 767X1	**Top Key Reference CPT Code:** 76705	**2nd Key Reference CPT Code:** **76770**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	8.00	10.00
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	**20.00**	**18.00**	**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	-0.16	-0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.13	0.09
Urgency of medical decision making	0.13	0.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.18	0.04
Physical effort required	0.07	0.05

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.25	0.22
Outcome depends on the skill and judgment of physician	0.25	0.16
Estimated risk of malpractice suit with poor outcome	0.44	0.51

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.20	0.22

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.

Compelling Evidence

Section 5112 of the Deficit Reduction Act of 2005 provides for coverage of AAA screening by ultrasound effective January 1, 2007. When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389. Subsequent to the publication of the CY 2014 final rule, a stakeholder commented that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service. After considering the issue, CMS proposed HCPCS code G0389 as a potentially misvalued. Based on discussion at the RAW, code G0389 was referred to CPT for conversion to a Category I CPT code. New code 767X1 *Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)* replaces deleted HCPCS code G0389 *Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening*

This service was unlinked from the Welcome to Medicare physical by CMS effective 1/27/2014. Reporting of this service was originally through G0389, a code created and valued by CMS in 2006 by crosswalking to 76775. The Societies brought forth a CCP eliminating G0389 and a new code, 767X1, was created. The societies have conducted a full RUC survey for this new CPT code and are presenting physician work and PE recommendations. We do not believe that compelling evidence applies in this scenario, as this is a new procedure. However, if the RUC disagrees, and compelling evidence is required, it would fall into the "Evidence that incorrect assumptions were made in the previous valuation of the service" criteria. We believe this is the case because a RUC survey was not conducted to value the service.

Methodology

A multi-disciplinary expert panel including ACR, SIR, and SVS was convened. A survey was distributed randomly to the members of the representative societies. There were 211 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

We are recommending the median survey value of 0.65 RVW for 767X1.

Physician Time

The survey respondents identified 5 minutes of pre-service time, 10 minutes of intra-service time, and 5 minutes of post-service time for CPT code 767X1. In comparison to other ultrasound imaging codes and other vascular imaging codes, these time are consistent with existing values within the database.

We therefore recommend the survey times of 5, 10, 5 for pre-, intra-, and post-service work.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 76705 *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (29%) and 76770 *Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete* (26%). These key references are similar to 767X1 in the sense that they are all ultrasound codes. The difference is that 767X1 specifically describes a screening ultrasound for abdominal aortic aneurysm. The median work RVU of 0.65 for code 767X1 is appropriately greater than 76705, reflective of two minutes of additional intra-service time. In addition, the work RVU for 767X1 is appropriately less than 76770, taking into consideration less intensity.

CPT	**RVW**	**IWPUT**	**Total Time**	**Pre**	**Intra**	**Post**
76705	0.59	0.046	18	5	8	5
767X1	0.65	0.043	20	5	10	5
76770	0.74	0.052	20	5	10	5

This comparison thus favorably supports our recommendation for the median survey value of 0.65 RVW for CPT 767X1.

Comparison to MPC codes

New code 767X1 ranks appropriately between two MPC ultrasound codes with 10 minutes of intra-service time: 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation,* and 76830 *Ultrasound, transvaginal.*

	RVW	**IWPUT**	**Total Time**	**Pre**	**Intra**	**Post**
76536 MPC	0.56	0.038	18	4	10	4
767X1 Survey	0.65	0.043	20	5	10	5
76830 MPC	0.69	0.040	23	5	10	8

Conclusion

A multi-disciplinary survey of CPT 767X1 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services and two MPC codes, we believe that the median survey RVW of 0.65 appropriately ranks CPT 767X1 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) Currently reported with G0389

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 Radiology 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 frequency information 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? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe 100% of G0389 will be reported with new code 767X1. We also believe the utilization will rapidly increase for this procedure, which is the CMS objective. There are about 600,000 new Medicare beneficiaries annually, half of which are men, the majority of which have a history of smoking. We also believe the specialty providing the service will be primarily radiology (70%), followed by cardiology (25%) and then vascular surgery (5%). We believe the current reported instances of this procedure by family practice are not appropriate. Their medical societies concur.

Specialty Vascular Surgery Frequency 0 Percentage 0.00 %

Specialty Radiology 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:
Echography/ultrasonography

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. 76705

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
12	**ISSUE: Abdominal Aorta Ultrasound Screening**																								
13	**TAB: 12**																								
14						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**SURVEY EXPERIENCE**				
15	**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**
16	**REF**	**76705**	**Ultrasound, abdominal, real time with image documentation; limited (eg, single organ,**	**61**	**0.046**			**0.59**			**18**	**5**					**8**			**5**					
17	**REF**	**76770**	**Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation;**	**55**	**0.052**			**0.74**			**20**	**5**					**10**			**5**					
18		**76775**	**Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation;**		**0.045**			**0.58**				**5**					**8**			**5**					
19	**CMS Other**	**G0389**	**Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm**		**N/A**			**0.58**			**18**														
20	**SVY**	**767X1**	**Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal**	**211**	**0.043**	**0.15**	**0.55**	**0.65**	**0.75**	**0.85**	**20**	**5**			**1**	**5**	**10**	**15**	**30**	**5**	**0**	**10**	**30**	**70**	**1000**
21	**REC**	**767X1**			**0.033**			**0.55**			**20**	**5**					**10**			**5**					
22																									

Tab Number	Issue	Code Range
4	Percutaneous Biliary Procedures Bundling	475XX1-475XX14
5	Intracranial Endovascular Intervention	61640-61642
12	Abdominal Aorta Ultrasound Screening	767X1
13	Fluoroscopic Guidance	77001-77003
14	Moderate Sedation Services	991X1X-991X2X

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

September 8, 2015
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

Attestation Statement

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Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

9/04/2015
Date

Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

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

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

9/04/2015
Date

CPT Code: 767X1
Specialty Society('s): SVS, SIR and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

(For screening ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979)

Global Period: **XXX** Meeting Date: **October 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:

The multispecialty organizations (SVS, SIR and ACR) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these 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:

This service was unlinked from the Welcome to Medicare physical by CMS effective 1/27/2014. Reporting of this service was originally through G0389, a code created and valued by CMS in 2006 by crosswalking to 76775. The Societies brought forth a CCP eliminating G0389 and a new code, 767X1, was created. The societies have conducted a full RUC survey for this new CPT code and are making physician work and PE recommendations. CMS is currently using CPT Code 76705 as a PE crosswalk proxy. We have included those inputs on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending time above the two minutes for preparing room/equipment/supplies. The standard two minutes is based on E/M services and related activities for setting up an exam room prior to an office visit (eg, paper on table, clean pillow, gown out). Code 767X1 includes additional equipment and supplies related to the U/S equipment. We are recommending an additional two minutes to set up U/S supplies and to turn on and verify function of equipment.

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 two minutes for pre service education, which is not currently included in the crosswalk inputs (76705). This step is performed, not included in the pre service period and should be included.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The examiner reviews clinical information and questionnaire and the physician's orders.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient and describes the procedure. Smoking history is assessed and documented.

The patient is positioned in a supine position. The examination begins with gray scale cross-sectional views of the abdominal aorta, followed by longitudinal views of the following segments of the abdominal aorta:

- Proximal abdominal aorta
- Mid abdominal aorta
- Distal abdominal aorta
- Common iliac artery bifurcation

The technologist maintains an angle perpendicular to aorta to obtain AP and transverse aorta dimensions of outer wall to outer wall; measurements of the aorta should be sufficient to determine if an aortic aneurysm exists. If no aneurysm is identified, document maximum aortic diameter in transverse view; if the vessel is abnormal, document maximum dilated aorta measurement and maximum non-dilated aorta for comparison. If an aneurysm is present, its greatest dimension should be reported. The status of the suprarenal aorta should also be noted.

Technologist verifies images, annotates images, and compiles preliminary report.

Post-Service Clinical Labor Activities:

Quality assurance documentation is compiled.

	A	B	C	D	E	F	G	H	I	J	K
1	**AT MEETING**			**Approved 2013**		**PE Approved Oct'13 CMS CROSSWALK (2015)**		**RECOMMENDATIONS**		**Current Crosswalk PROXY**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76775**		**76705**		**767X1**		**G0389**	
3	**Meeting Date: October 2015** **Tab: 12 Abdominal Aorta Ultrasound Screening** **Specialty: Vascular Surgery, Radiology**	**CMS Code**	**Staff Type**	*Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited*		*Ultrasound, abdominal, real time with image documentation; limited (eg, single organ,*		*Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic*		*Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA)*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**33**	**0**	**33**	**0**	**36**	**0**	**36**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L050B**	**DMS**	**4**	**0**	**4**	**0**	**4**	**0**	**5**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L050B**	**DMS**	**29**	**0**	**29**	**0**	**32**	**0**	**31**	**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	Availability of prior images confirmed	L050B	DMS	2		2		2		2	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L050B	DMS	2		2		2		3	
19	Other Clinical Activity - *specify:*										
20	End: When patient enters office/facility for surgery/procedure										
21	**SERVICE PERIOD**			**29**		**29**					
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L050B	DMS	3		3		3		3	
24	Obtain vital signs										
25	Provide pre-service education/obtain consent	L050B	DMS					2		2	
26	Prepare room, equipment, supplies	L050B	DMS	2		2		2		2	
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L050B	DMS	2		2		2		2	
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify:										
31	Intra-service										
32	Acquire images	L050B	DMS	15		15		15		15	
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	L050B	DMS	3		3		3		3	
37	Clean US probe										
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	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L050B	DMS	1		1		2		1	
44	Review examination with interpreting MD	L050B	DMS	2		2		2		2	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L050B	DMS	1		1		1		1	
46	Other Clinical Activity - *specify:*										
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
50	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1	**AT MEETING**			**Approved 2013**		**PE Approved Oct'13 CMS CROSSWALK (2015)**		**RECOMMENDATIONS**		**Current Crosswalk PROXY**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**76775**		**76705**		**767X1**		**G0389**	
3	**Meeting Date: October 2015** **Tab: 12 Abdominal Aorta Ultrasound Screening** **Specialty: Vascular Surgery, Radiology**	**CMS Code**	**Staff Type**	*Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited*		*Ultrasound, abdominal, real time with image documentation; limited (eg, single organ,*		*Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic*		*Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA)*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions										
60	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**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								
65	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1	
66	gloves, non-sterile	SB022	item	2		2		2		2	
67	gown, patient	SB026	item	1		1		1		1	
68	paper, exam table	SB036	foot	7		7		7		7	
69	pillow case	SB037	item	1		1		1			
70	underpad 2ft x 3ft (Chux)	SB044	item	1		1		1		1	
71	ultrasound transmission gel	SJ062	ml	60		60		60		60	
72	disinfectant spray (Transeptic)	SM012	ml	10		10					
73	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1		0.33	
74	sanitizing cloth-wipe (patient)	SM021	item	2		2		1		2	
75	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2		3			
76											
77	**EQUIPMENT**	**CODE**									
78	room, ultrasound, general	EL015				23		24		31	
79	PACS Workstation Proxy	ED050		15		15		32		31	
80	ultrasound unit, portable	EQ250		23							
81											
82											

AMA/Specialty Society RVS Update RUC Summary of Recommendations
Final Rule for 2015

October 2015

Fluoroscopic Guidance

In May 2015, the CPT Editorial Panel deleted 62310, 62311, 62318 and 62319, and created eight new codes for epidural injections to differentiate injections with and without imaging guidance. CPT codes 77001, 77002 and 77003 were included as part of this family to review. The specialty societies requested that these services be reviewed independently from the epidural injection codes since only 77003 relates to spine interventions, 77002 involves body interventions and 77001 relates to central venous catheters. Additionally, CMS requested that all three services be surveyed as add-on (ZZZ global period) services. CMS indicated that while these codes have been classified as stand-alone XXX codes previously, they believe that their vignettes and CPT Manual parentheticals are consistent with an add-on code as has been established for 77001. Therefore, the global periods for 77002 and 77003 reflect an add-on code global of ZZZ with modifications to the vignettes and parentheticals anticipated at the upcoming October 2015 CPT Editorial Panel meeting. The specialty societies performed this survey based on the anticipated update to the vignette.

The RUC discussed the issues with the physician pre-service and post-service time recommended for these ZZZ global period services. The RUC noted that add-on services rarely include pre- and post-service time as that is associated with the base code in which these are reported. The RUC noted that the recommendations for the related epidural injection codes with and without fluoroscopic guidance, reviewed at this meeting, established a difference of two additional minutes of pre-service positioning time for the fluoroscopic guidance as the only difference in physician time. After much deliberation on whether additional pre and post-service time are included in these services the RUC determined that it would be difficult to now recommend 7 minutes pre-service time and 5 minutes immediate post-service time as indicated by the survey respondents. The RUC also discussed the same physician time for all three services (77001, 77002 and 77003) and agreed with the specialty societies that the physician work, intensity and complexity of 7700,1 the central venous catheter code, is less compared to 77002 and, likewise, the physician work, intensity and complexity for 77002 is less than that required to perform 77003. The intensity regarding guidance relates to the nature of the base code with which these services were reported. The intensity and complexity increases as one moves through the body where there are additional anatomy considerations, superficial and deep structures to consider with 77002 and then additional neuro and spinal structures to consider when performing 77003.

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)

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The RUC reviewed the survey results from 52 physicians and recommends maintaining the current work RVU of 0.38 for CPT code 77001. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging, which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate imaging equipment settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes, not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 93320 *Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete* (work RVU = 0.38 and 15 minutes intra-service time) and MPC codes 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (work RVU = 0.35) and 95874 *Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)* (work RVU = 0.37) to support the recommended physician work and time recommended for CPT code 77001. **The RUC recommends a work RVU of 0.38 for CPT code 77001.**

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 72 physicians and recommends maintaining the current work RVU of 0.54 for CPT code 77002. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 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* (work RVU = 0.52) and 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) to support the recommended physician work and time recommended for CPT code 77002. **The RUC recommends a work RVU of 0.54 for CPT code 77002.**

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77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 114 physicians and recommends maintaining the current work RVU of 0.60 for CPT code 77003. The RUC recommends 2 minutes of positioning time, the additional pre-service time as established for the epidural injection with fluoroscopic guidance codes, and 15 minutes intra-service time. The RUC noted that the 15 minutes of intra-service time is appropriate to account for physician time required to review previous imaging which the physician only reviews if performing an intervention using fluoroscopic guidance, confirmation of appropriate settings, applying lead gowns to the patient and the physician, draping and placing a shield on the fluoro machine as well as selecting the proper images for documentation; which would typically be included in the intra-service time for add-on codes not as separate pre- and post-service time. The RUC referenced ZZZ-global period CPT code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) and MPC codes 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56) and 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81) to support the recommended physician work and time recommended for CPT code 77003. **The RUC recommends a work RVU of 0.60 for CPT code 77003.**

Work Neutrality
The RUC noted that CPT code 77003 was bundled into the new epidural injection codes which will result in an 83% decrease in 77003 being reported alone. The RUC's recommendation for the epidural injection codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense
The PE Subcommittee made one minor modification correcting the equipment minutes for the PACS workstation. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77001(f)	D9	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)	ZZZ	0.38 (No Change)
77002(f)	D10	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) *(See appropriate surgical code for procedure and anatomic location)* (Use 77002 in conjunction with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27370, 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 64505, 64508, ~~64517~~ 64600, 64605) *(77002 is included in all arthrography radiological supervision and interpretation codes. See **Administration of Contrast Material[s**] introductory guidelines for reporting of arthrography procedures)* ~~*(Do not report 77002 in conjunction with 10030, 19081-*~~	~~XXX~~ ZZZ	0.54 (No Change)

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		~~*19086, 19281-19288,20982, 20983, 32554, 32555, 32556, 32557, 70332, 73040, 73085, 73115, 73525, 73580, 73615, 0232T)*~~ ~~*(For injection(s) of platelet rich plasma, use 0232T)*~~ ~~*(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 49440, 74355, 74445, 74470, 75809, 75810, 75885,75887, 75989)*~~		
77003(f)	D11	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) (Use 77003 in conjunction with 61050, 61055, 62267, 62268, 62269, 62270, 62272, 62273, 62280, 62281, 62282, 62284, 62310, 62311, 64510, 64517, 64520, 64610) ~~*(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)*~~ ~~*(Fluoroscopic guidance for subarachnoid puncture for diagnostic radiographic myelography is included in supervision and interpretation codes 72240-72270)*~~ ~~*(For epidural or subarachnoid needle or catheter placement and injection, see 62270-62282, 62310-62319)*~~ ~~*(For sacroiliac joint arthrography, see 27096)*~~ ~~*(For paravertebral facet joint injection, see 64490-64495. For paravertebral facet joint nerve destruction by neurolysis, see 64633-64636. For transforaminal epidural needle*~~	~~XXX~~ ZZZ	0.60 (No Change)

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		~~*placement and injection, see 64479-64484)*~~ ~~*(Do not report 77002, 77003 in conjunction with 10030, 22586, 27096, 64479, 64484, 64490-64495, 64633-64636, 0195T, 0196T, 0309T)*~~ ~~*(For percutaneous or endoscopic lysis of epidural adhesions, 62263, 62264 include fluoroscopic guidance and localization)*~~		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77001 Tracking Number Original Specialty Recommended RVU: **0.38**
Presented Recommended RVU: **0.38**
Global Period: ZZZ RUC Recommended RVU: **0.38**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents in need of hemodialysis. Tunneled central venous access placement is performed (the catheter placement is reported separately) during which fluoroscopic guidance is used to facilitate the catheter and wire manipulations and ensure proper positioning of the catheter.

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? 63%

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? 42%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan for central venous catheter placement including potential contra-indications. The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Following achievement of venous access (reported separately), use fluoroscopy and angulation of the image intensifier to manipulate the guidewire and subsequently the catheter into an appropriate central venous position. Include any contrast injection through access site (via needle, catheter, or sheath) for venographic evaluation and mapping of appropriate path. Additional fluoroscopy after venography may be necessary for optimal positioning. Perform spot film or other radiographic confirmation of final catheter position.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient’s medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc L. Leib, MD, JD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77001				
Sample Size:	1750	**Resp N:** 52	**Response:** 2.9 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**60.00**	163.00	1200.00
Survey RVW:	0.25	0.50	**0.95**	1.03	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	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)

ZZZ Global Code

CPT Code:	77001	**Recommended Physician Work RVU: 0.38**		
		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:		**2.00**	**0.00**	**2.00**
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)

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
76937	ZZZ	0.30	**RUC Time**

CPT Descriptor Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19282	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

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
92025	XXX	0.35	**RUC Time**	155,005

CPT Descriptor 1 Computerized corneal topography, unilateral or bilateral, with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	ZZZ	0.37	**RUC Time**	61,705

CPT Descriptor 2 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93923	XXX	0.45	**RUC Time**

CPT Descriptor 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)

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:** 48.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77001	Top Key Reference CPT Code: 76937	2nd Key Reference CPT Code: **19282**
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	20.00
Median Immediate Post-service Time	0.00	4.00	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	**17.00**	**14.00**	**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	0.32	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.12	0.63

Urgency of medical decision making	0.28	1.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.28	0.88
Physical effort required	0.32	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.48	1.13
Outcome depends on the skill and judgment of physician	0.36	0.38
Estimated risk of malpractice suit with poor outcome	0.29	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.36	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.*

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.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.38 which is below the survey 25th percentile value.

Service Period Times

The panel recommends the following service period times for 77001, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre and intra, and the same as the survey median for the post, an increase over the current service period times.

Key Reference Service

The most commonly selected key reference service is 76937 *(Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure))*, which is also an imaging guidance code used in central venous catheter placements. This ZZZ code was selected by nearly half of those surveyed, and it has a comparable RVU of 0.30 and similar intra- and post-service times of 10 and 4 minutes, respectively.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
76937	Ultrasound guidance for vascular access	0.30	0	10	4	14	0.021

MPC Code

The panel recommendation of 0.38 RVUs for 77001 is bracketed by three MPC codes with XXX and ZZZ global periods: 92025 *(Computerized corneal topography, unilateral or bilateral, with interpretation and report)*, 95874 *(Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure))*, and 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))*.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
92025	Computerized corneal topography	0.35	5	12	0	17	0.020	XXX
95874	EMG during chemodenervation	0.37	0	20	0	20	0.019	ZZZ
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007	ZZZ
93923	Doppler/duplex extremity	0.45	3	10	3	16	0.032	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

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) 77001

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 Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1291900

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 77001 provided nationally in a one-year period is estimated to be 1,291,900.

Specialty Diagnostic Radiology Frequency 727500 Percentage 56.31 %

Specialty Interventional Radiology Frequency 171500 Percentage 13.27 %

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? 430,633 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 77001 was billed approximately 430,600 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 242489 Percentage 56.30 %

Specialty Interventional Radiology Frequency 57200 Percentage 13.28 %

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:
Imaging/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 77001

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:77002 Tracking Number Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: ZZZ RUC Recommended RVU: **0.54**

CPT Descriptor: Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with hip pain and suspected joint effusion is referred for joint aspiration. Fluoroscopic guidance is used to advance a needle into the joint space, after which joint fluid is aspirated (needle aspiration is reported separately).

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? 33%

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? 29%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (eg, radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's anatomy to plan an appropriate trajectory for the needle placement (including access site, pertinent landmarks, and variant anatomy). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: The patient is placed on a fluoroscopy table and positioned appropriately depending on the type of procedure to be performed. Preliminary fluoroscopy including angulation of the image intensifier is performed to identify the appropriate level and approach for the initial needle placement, and the skin entry site is prepped and marked. Sterile drapes are applied. During the needle placement, intermittent fluoroscopy and angulation of the image intensifier are used to confirm the correct approach and the need for needle repositioning or realignment. When the needle position appears correct, radiographic contrast may be injected to confirm the proper position or tissue samples may be acquired and reviewed. If the position is not correct, additional fluoroscopy is utilized to guide repositioning until the proper position is achieved.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Barry Smith, MD; Marc L. Leib, MD; Richard Rosenquist, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Academy of Physical Medicine & Rehabilitation, American Society of Anesthesiologists, Society of Interventional Radiology				
CPT Code:	77002				
Sample Size:	2250	**Resp N:** 72	**Response:** 3.2 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.20	0.80	**1.00**	1.00	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	23.00	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)

ZZZ Global Code

CPT Code:	77002	**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:		**2.00**	**0.00**	**2.00**
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)

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
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19286	ZZZ	0.85	**RUC Time**

CPT Descriptor 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)

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
93224	XXX	0.52	**RUC Time**	414,026

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

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:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 77002	**Top Key Reference CPT Code:** 64484	**2nd Key Reference CPT Code:** **19286**
Median Pre-Service Time	2.00	0.00	5.00
Median Intra-Service Time	15.00	10.00	14.00
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	**17.00**	**10.00**	**19.00**
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	-0.05	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.20
Urgency of medical decision making	0.05	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.05	0.13

Physical effort required	-0.05	0.13

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.16	0.67
Outcome depends on the skill and judgment of physician	0.00	0.13
Estimated risk of malpractice suit with poor outcome	-0.26	-0.07

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code

Time Segment (Mean)

Overall intensity/complexity	0.05	0.27

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.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.54 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77002, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Services

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intraservice time of 10 minutes, reflecting the higher intensity of spine procedures than body procedures. The second key reference is 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)*, at 0.85 RVUs and 14 minutes intra-service time.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
19286	Clip placement, breast; using US guidance	0.85	5	14	0	19	0.057
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.54 RVUs for 77002 is bracketed by two MPC codes with XXX global periods: 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)* and 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
93224	EKG monitoring	0.52	2	15	7	24	0.021	XXX
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018	ZZZ
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

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) 77002

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 How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1144600
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 77002 provided nationally in a one-year period is estimated to be 1,144,600.

Specialty Diagnostic Radiology Frequency 550800 Percentage 48.12 %

Specialty Anesthesiology Frequency 111000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 76000 Percentage 6.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 381,540 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 77002 was billed approximately 381,500 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183640 Percentage 48.13 %

Specialty Anesthesiology Frequency 37000 Percentage 9.69 %

Specialty Physical Medicine & Rehabilitation Frequency 25300 Percentage 6.63 %

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:
Imaging/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 77002

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:77003 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: ZZZ RUC Recommended RVU: **0.60**

CPT Descriptor: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Fluoroscopic guidance is utilized for needle placement during a separately reported underlying procedure involving the spine (eg, biopsy, aspiration, injection).

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? 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? 15%

Description of Pre-Service Work: The physician reviews the patient's history and prior imaging studies (radiographs, computed tomography [CT] scans, and/or magnetic resonance imaging [MRI] scans) to be familiar with the patient's spine anatomy (numbering of levels, anatomic variants, prior surgery, pathology, etc). The physician dresses in radiation attire and instructs the radiologic technologists in the imaging equipment required and the proper settings for the imaging equipment.

Description of Intra-Service Work: Place patient on a fluoroscopy table in the prone, decubitus, or prone oblique position, depending on the type of injection to be performed. Perform preliminary fluoroscopy including angulation of the image intensifier to identify the appropriate level and approach for initial needle placement, and mark the skin entry site. During the needle/catheter placement, use intermittent fluoroscopy and angulation of the image intensifier to confirm the correct approach and need for needle repositioning or realignment. When the needle position appears correct, inject the radiographic contrast to confirm proper position. If position is not correct, provide additional fluoroscopy during repositioning until proper position is achieved. If a catheter is to be placed, provide additional fluoroscopic guidance during and after the catheter positioning to confirm proper positioning, and perform additional contrast injections as necessary.

Description of Post-Service Work: A report describing the guidance procedure, including the final position of the needle/catheter, is dictated, proofread, and submitted for the patient's medical record. The results of the procedure are communicated to the referring physician when appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ezequiel Silva III, MD; Kurt Schoppe, MD; Marc Leib, MD; Richard Rosenquist, MD; Barry Smith; MD; Gregory N. Nicola, MD; Eduardo Fraifeld, MD; Michael Hall, MD				
Specialty(s):	American College of Radiology, American Society of Anesthesiologists, American Academy of Physical Medicine & Rehabilitation, American Society of Neuroradiology, American Academy of Pain Medicine, Society of Interventional Radiology				
CPT Code:	77003				
Sample Size:	3692	**Resp N:** 114	**Response:** 3.0 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**60.00**	188.00	1900.00
Survey RVW:	0.25	1.00	**1.00**	1.16	2.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	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)

ZZZ Global Code

CPT Code:	77003	**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:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**2.00**	**0.00**	**2.00**
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)

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
64484	ZZZ	1.00	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64491	ZZZ	1.16	**RUC Time**

CPT Descriptor 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)

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
76536	XXX	0.56	**RUC Time**	766,859

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	999,613

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

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: 53 **% of respondents:** 46.4 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 27.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 77003	Top Key Reference CPT Code: 64484	2nd Key Reference CPT Code: **64491**
Median Pre-Service Time	2.00	0.00	0.00
Median Intra-Service Time	15.00	10.00	15.00
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	**17.00**	**10.00**	**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	0.26	0.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.52
Urgency of medical decision making	0.19	0.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.32	0.45
Physical effort required	0.15	0.39

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.21	0.45
Outcome depends on the skill and judgment of physician	0.17	0.61
Estimated risk of malpractice suit with poor outcome	0.25	0.48

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.30	0.61

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.

Introduction

This family of codes describes the use of fluoroscopic guidance for localization and placement of needles or catheters during a variety of procedures:

Code	Descriptor
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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(List separately in addition to code for primary procedure)*

All three codes in this family have been reviewed by the RUC within the last 4 years: 77001 and 77002 in April of 2013 and 77003 in January of 2012. During each of these reviews, the existing values have been maintained.

More recently, the RAW identified a number of codes describing epidural spinal injections (62310-62311, 62318-62319), requesting bundling of these codes with their associated imaging guidance code, 77003, prompting the re-review of 77003. The "family" for 77003 was then expanded to include 77001-77002. Shortly thereafter, CMS elected to change the global period for 77002-77003 from XXX to ZZZ.

In parallel to this RUC survey, the CPT Editorial Panel is editorially revising the codes in this family to update the descriptors, vignettes, and parentheticals to accommodate a ZZZ global period.

General Comments on the Global Period

The specialty societies have concerns regarding the ZZZ global period for these codes. ZZZ add-on codes typically involve only intra-service work. The codes in this family include imaging-specific pre- and post-service period physician work that is separate from the physician work associated with the primary code. As with other ZZZ codes, there is additional imaging specific intra-service work also. In fact, during the survey of 77001 in 2013, the specialties recommended a change in the global period from ZZZ to XXX to capture this work.

These coding conventions are congruent with component coding rules for interventional procedures which have been in existence since the early 90s, as described in the June 5, 1991 Federal Register (Medicare Physician Fee Schedule Proposed Rule, pg. 25806) which directs that carriers "pay for the radiological aspect of interventional procedures as described by supervision and interpretation (S&I) CPT codes and the primary non--radiological procedure code such as a surgical code at the full fee schedule amounts." This language was accepted into the Final Rule as documented in the Federal Register November 25, 1991. The specialties are not aware of language in the interim directing carriers to abandon the conventions of component coding or for CMS to abandon a system they themselves championed over "complete procedure" coding which preceded the component coding system. When these component codes were initially and more recently valued by the RUC, care was taken to differentiate the work and practice expense activities for the S&I codes and the surgical codes so no duplication in work or PE RVUs occurred.

Nevertheless, the specialties surveyed all three codes as ZZZ codes, utilizing the RUC survey instrument which enables pre- and post-service time inputs as well. For all three codes, the survey respondents indicated pre- and post- service times and our recommendations reflect this.

Survey Process

The specialty societies performed a random survey of their respective members and convened an expert panel of physicians familiar with these services to review the survey data and provide recommendations. The American College of Radiology, the Society of Interventional Radiology, and the American Society of Anesthesiologists surveyed all three codes, the American Academy of Physical Medicine & Rehabilitation surveyed both 77002 and 77003, and the American Society of Neuroradiology and the American Academy of Pain Medicine surveyed only 77003.

General Comment on recommendations:

The specialties recommend the existing work RVUs for all three codes, and also recommend the same service period times for all three codes.

Work RVU Recommendation

The expert panel recommends maintaining the existing work RVU of 0.60 which is below the survey 25thpercentile value.

Service Period Times

The panel recommends the following service period times for 77003, the same as the other codes in the family: pre, intra, and post times of 7, 15, and 5 minutes, respectively. These values are below the survey median for the pre, and the same as the survey median for the intra and post, the same as the current service period times.

Key Reference Service

The most commonly selected key reference service is 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))*. This ZZZ code has a higher RVU of 1.00 and a lower intra service time of 10 minutes reflecting the higher intensity of a nerve block versus a more general spine procedure.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022
64484	Injection, transforaminal epidural; lumbar or sacral	1.00	0	10	0	10	0.100

MPC Code

The panel recommendation of 0.60 RVUs for 77003 is bracketed by two MPC codes with XXX global periods: 76536 *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)* and 76700 *(Ultrasound, abdominal, real time with image documentation; complete).*

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Global
76536	Head and neck u/s	0.56	4	10	4	18	0.038	XXX
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022	ZZZ
76700	Abdominal u/s; complete	0.81	5	11	5	21	0.053	XXX

Comparison within the Family

Our recommendations maintain relativity across the family. Our RVU recommendations increase with each successive code even though the service period times are the same, reflecting the increased intensity of the successive codes. The intensity during imaging guidance for body interventions falls between the intensity for central catheter and spine interventions.

In summary, our recommendations are as follows:

Codes in Family	Descriptor	Recommended RVUs	Pre Time	Intra Time	Post Time	Total Time	IWPUT
77001	Fluoro guidance during central catheter	0.38	7	15	5	27	0.007
77002	Fluoro guidance during biopsy	0.54	7	15	5	27	0.018
77003	Fluoro guidance for spine intervention	0.60	7	15	5	27	0.022

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) 77003

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 How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Physical Medicine & Rehabilitation How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 480,000
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 77003 provided nationally in a one-year period is estimated to be 480,000

Specialty Diagnostic Radiology Frequency 58128 Percentage 12.11 %

Specialty Anesthesiology Frequency 171072 Percentage 35.64 %

Specialty Physical Medicine & Rehabilitation Frequency 51456 Percentage 10.72 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 160,372 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. With the bundling fluoroscopic guidance in the epidural injection codes the utilization for 77003 alone will decrease by 83%.

Specialty Diagnostic Radiology Frequency 19421 Percentage 12.10 %

Specialty Anesthesiology Frequency 57156 Percentage 35.63 %

Specialty Physical Medicine & Rehabilitation Frequency 17191 Percentage 10.71 %

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:
Other

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 77003

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: Fluoroscopic Guidance

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
REF	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	25	0.021			0.30			14						10			4					
REF	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)	8	0.047			1.00			25		1	4			20								
Apr 2013 RUC	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and		0.032			0.38			13						9			4					
SVY	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and	52	0.031	0.25	0.50	0.95	1.03	3.00	35	10			2	15	20	30	60	5	0	2	60	163	1200
REC		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)		0.022			0.38			17		2				15			0					

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
REF	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)	19	0.100			1.00			10						10								
REF	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)	15	0.057			0.85			19		1	4			14								
Apr 2013 RUC	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)		0.018			0.54			27	7					15			5					
SVY	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	72	0.044	0.20	0.80	1.00	1.00	2.00	30	10			3	10	15	23	60	5	0	20	50	100	600
REC		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)		0.033			0.54			17		2				15			0					

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
REF	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)	53	0.100			1.00			10						10								
REF	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)	31	0.077			1.16			15						15								
Apr 2013 RUC	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)		0.022			0.60			27	7					15			5					
SVY	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in	114	0.044	0.25	1.00	1.00	1.16	2.00	30	10			2	10	15	30	60	5	0	10	60	188	1900
REC		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)		0.037			0.60			17		2				15			0					

Tab Number: 13
Issue: Fluoroscopic Guidance
Code Range: 77003

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.)

Gregory N. Nicola M.D.

Signature

Greg Nicola, MD

Printed Signature

American Society of Neuroradiology

Specialty Society

8/17/2015

Date

Tab Number	Issue	Code Range
4	Percutaneous Biliary Procedures Bundling	475XX1-475XX14
5	Intracranial Endovascular Intervention	61640-61642
12	Abdominal Aorta Ultrasound Screening	767X1
13	Fluoroscopic Guidance	77001-77003
14	Moderate Sedation Services	991X1X-991X2X

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

September 8, 2015
Date

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13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
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

September 8, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
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

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 08, 2015
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77001-77003
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

September 8, 2015
Date

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

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

9/04/2015
Date

10_& 13_____
Tab Number

Epidural Injections_& _Fluoroscopic Guidance_
Issue

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.)

Eduardo M Fraifeld M.D.
Signature

Eduardo Fraifeld, M.D._____
Printed Signature

AAPM_____
Specialty Society

__9.1.15_____
Date

13
Tab Number

Fluoroscopic Guidance
Issue

77003
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

Barry Smith, MD

Printed Signature

AAPM&R

Specialty Society

9-8-15

Date

CPT Code: 77001,77002,77003
Specialty Society(‘s)_ACR, ASA, AAPM, SIR, AAPMR and ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Global Period: _ZZZ__ Meeting Date: _October 2015

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)*
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) *(List separately in addition to code for primary procedure)*
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) *(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:

The American College of Radiology (ACR), the Society of Interventional Radiology (SIR), the American Society of Anesthesiologists (ASA), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Neuroradiology (ASNR) and the American Academy of Pain Medicine (AAPM) convened a consensus panel to finalize the practice expense data for fluoroscopic guidance codes 77001-77003.

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 77001, 77002, and 77003 on the spreadsheet to serve as a reference. We also included surgical codes to the PE for reference, consistent with our PE from April 2013, and to avoid any duplication of activities.

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:

- **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 Proposed 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 Proposed Rule.

- **Prepare room, equipment, supplies**- In order to maintain consistency across the code family, the standard time of 2 minutes was allocated to code 77003.

- **Prepare and position patient/ monitor patient/ set up IV**- In order to maintain consistency across the code family, a standard time of 2 minutes was allocated to code 77003.

- **Acquire Images** - In order to maintain consistency across the code family, 15 minutes was allocated to code 77001.

- **Clean room/equipment by physician staff**- In order to maintain consistency across the code family, the standard time of 3 minutes was allocated to code 77003.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- 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 Proposed Rule.

- **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 Proposed 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 1 minute as per Table 5 “Clinical Labor Tasks Associated With Digital Technology” in the CY 2016 MPFS Proposed Rule.

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:

- 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	AMA Specialty Society Recommendation B	C	D	E	F	H	J
1	REVISED AT RUC 10/1/15			REFERENCE CODE		EFERENCE 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.**			**36556** (April 2013 RUC)		**76937** (April 2013 RUC)	**77001** (April 2013 RUC)	**77001** (Oct 2015 RUC)
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**3.0**	**15.0**	**21.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**		**0.0**	**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**6.0**	**0.0**			
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**	**0.0**	**15.0**	**18.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**28.0**				
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**
13	**PRE-SERVICE**							
14	**Start: Following visit when decision for surgery or procedure made**							
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA					
16	Coordinate pre-surgery services							
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA					
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA					
20	Availability of prior images confirmed	**L041B**	RadTech				**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech					**2**
22	Other Clinical Activity - *specify:*							
23	**End: When patient enters office/facility for surgery/procedure**							
24	**SERVICE PERIOD**							
25	**Start: When patient enters office/facility for surgery/procedure:**							
26	Greet patient, provide gowning, ensure appropriate medical records are available							
27	Obtain vital signs							
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA					
29	Prepare room, equipment, supplies	**L041B**	RadTech				**2**	**2**
30	Setup scope (non facility setting only)							
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA					
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech				**2**	**2**
33	Sedate/apply anesthesia							
34	Other Clinical Activity - specify:							
35	**Intra-service**							
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA					
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech				**9**	
38	Acquire images	**L041B**	RadTech					**15**

	A	B	C	D	E	F	H	J
1	REVISED AT RUC 10/1/15	AMA Specialty Society Recommendation		REFERENCE CODE		EFERENCE 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.**			**36556** **(April 2013 RUC)**		**76937** **(April 2013 RUC)**	**77001** **(April 2013 RUC)**	**77001** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
39	**Post-Service**							
40	Monitor pt. following moderate sedation							
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA					
43	Clean room/equipment by physician staff	**L041B**	RadTech				**3**	**3**
44	Clean Scope							
45	Clean Surgical Instrument Package							
46	Complete diagnostic forms, lab & X-ray requisitions							
47	Review/read X-ray, lab, and pathology reports							
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA					
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech					**2**
50	Review examination with interpreting MD	**L041B**	RadTech					**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech					**1**
52	Other Clinical Activity - *specify:*							
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech				**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**			**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**			**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**			**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA					

	A	B	C	D	E	F	H	J
1	REVISED AT RUC 10/1/15	AMA Specialty Society Recommendation		REFERENCE CODE		EFERENCE 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.			36556 (April 2013 RUC)		76937 (April 2013 RUC)	77001 (April 2013 RUC)	77001 (Oct 2015 RUC)
3	Meeting Date: October 2015 Tab: 13 - Fluoroscopic Guidance Specialty: American College of Radiology	CMS Code	Staff Type	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites,	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes
4	LOCATION			Non Fac	Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			000	000	ZZZ	ZZZ	ZZZ
58	POST-SERVICE Period							
59	Start: Patient leaves office/facility							
60	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					
61	*Office visits: List Number and Level of Office Visits*			# visits			# visits	# visits
62	99211 16 minutes		16					
63	99212 27 minutes		27					
64	99213 36 minutes		36					
65	99214 53 minutes		53					
66	99215 63 minutes		63					
67	Total Office Visit Time			0.0			0.0	0.0
68	Other Clinical Activity - *specify:*							
69	End: with last office visit before end of global period							
70	MEDICAL SUPPLIES*	CODE	UNIT					
71	kit, CVA catheter, non-tunneled	SA009	kit	1				
72	pack, minimum multi-specialty visit	SA048	pack	1				
73	tray, lumbar puncture	SA065	tray					
74	tray, shave prep	SA067	tray	1				
75	cap, surgical	SB001	item	1			1	1
76	cover-condom, transducer or ultrasound probe	SB005	item			1		
77	drape, non-sterile, sheet 40in x 60in	SB006	item					
78	drape, sterile barrier 16in x 29in	SB007	item	1		2	1	1
79	drape, sterile, c-arm, fluoro	SB008	item				1	1
80	gloves, non-sterile	SB022	item					
81	gloves, sterile	SB024	pair	1			1	1
82	gown, staff, impervious	SB027	item	1				
83	gown, surgical, sterile	SB028	item				1	1
84	mask, surgical	SB033	item				1	1
85	mask, surgical, with face shield	SB034	item	1				
86	shoe covers, surgical	SB039	item	1			1	1
87	iv tubing (extension)	SC019	foot			3		
88	needle, 18-27g	SC029	item	1				
89	spinal manometer	SC048	item					
90	syringe 1ml	SC052	item	1				
91	syringe 3ml	SC055	item	1				
92	syringe 50-60ml	SC056	item			1		
93	syringe 5-6ml	SC057	item					
94	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	1				
95	gauze, sterile 4in x 4in	SG055	item	3				
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item					
97	tape, surgical paper 1in (Micropore)	SG079	inch	12				
98	heparin 1,000 units-ml inj	SH039	ml	5				
99	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	1				
100	sodium chloride 0.9% flush syringe	SH065	item	1				
101	hydrogen peroxide	SJ028	ml	20				
102	lubricating jelly (K-Y) (5gm uou)	SJ032	item			6		
103	povidone soln (Betadine)	SJ041	ml	10				
104	swab-pad, alcohol	SJ053	item	2				
105	ultrasound transmission gel	SJ062	ml			150		
106	disinfectant, surface (Envirocide, Sanizide)	SM013	item				1	1
107	sanitizing cloth-wipe (patient)	SM021	item			5		
108	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item			2		
109	EQUIPMENT	CODE						
110	PACS Workstation Proxy	ED050				15	18	27
111	table, exam	EF023		30				
112	room, radiographic-fluoroscopic	EL014					16	24
113	light, exam	EQ168		30				
114	ultrasound unit, portable	EQ250				10		

	A	AMA Specialty Society Recommendation		L	M	N	P
1	REVISED AT RUC 10/1/15			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.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**19.0**	**3.0**	**27.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech			**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**0.0**	**0.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech		**0.0**	**24.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**16.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA				
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA				
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA				
20	Availability of prior images confirmed	**L041B**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**3**			
29	Prepare room, equipment, supplies	**L041B**	RadTech			**2**	**2**
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**			
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech			**2**	**2**
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA	**5**			
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	L	M	N	P
1	**REVISED AT RUC 10/1/15**			**REFERENCE CODE**		**REFERENCE COD**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**			
43	Clean room/equipment by physician staff	**L041B**	RadTech			**3**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**			
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA				

	A	B	C	L	M	N	P
1	REVISED AT RUC 10/1/15			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.**			**20610** **(April 2012 RUC)**		**77002** **(2015 RUC DB)**	**77002** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary
4	**LOCATION**			**Non Fac**	**Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
58	**POST-SERVICE Period**						
59	**Start: Patient leaves office/facility**						
60	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
61	***Office visits: List Number and Level of Office Visits***					**# visits**	**# visits**
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	**Total Office Visit Time**					**0.0**	**0.0**
68	Other Clinical Activity - *specify:*						
69	**End: with last office visit before end of global period**						
70	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
71	**kit, CVA catheter, non-tunneled**	**SA009**	kit				
72	**pack, minimum multi-specialty visit**	**SA048**	pack				
73	**tray, lumbar puncture**	**SA065**	tray				
74	**tray, shave prep**	**SA067**	tray				
75	**cap, surgical**	**SB001**	item				
76	**cover-condom, transducer or ultrasound probe**	**SB005**	item				
77	**drape, non-sterile, sheet 40in x 60in**	**SB006**	item				
78	**drape, sterile barrier 16in x 29in**	**SB007**	item	**1**			
79	**drape, sterile, c-arm, fluoro**	**SB008**	item			**1**	**1**
80	**gloves, non-sterile**	**SB022**	item			**1**	**1**
81	**gloves, sterile**	**SB024**	pair	**1**			
82	**gown, staff, impervious**	**SB027**	item				
83	**gown, surgical, sterile**	**SB028**	item				
84	**mask, surgical**	**SB033**	item				
85	**mask, surgical, with face shield**	**SB034**	item				
86	**shoe covers, surgical**	**SB039**	item				
87	**iv tubing (extension)**	**SC019**	foot				
88	**needle, 18-27g**	**SC029**	item	**2**			
89	**spinal manometer**	**SC048**	item				
90	**syringe 1ml**	**SC052**	item				
91	**syringe 3ml**	**SC055**	item				
92	**syringe 50-60ml**	**SC056**	item				
93	**syringe 5-6ml**	**SC057**	item	**1**			
94	**bandage, strip 0.75in x 3in (Bandaid)**	**SG021**	item	**1**			
95	**gauze, sterile 4in x 4in**	**SG055**	item				
96	**gauze, sterile 4in x 4in (10 pack uou)**	**SG056**	item	**1**			
97	**tape, surgical paper 1in (Micropore)**	**SG079**	inch				
98	**heparin 1,000 units-ml inj**	**SH039**	ml				
99	**lidocaine 1%-2% inj (Xylocaine)**	**SH047**	ml	**5**			
100	**sodium chloride 0.9% flush syringe**	**SH065**	item				
101	**hydrogen peroxide**	**SJ028**	ml				
102	**lubricating jelly (K-Y) (5gm uou)**	**SJ032**	item				
103	**povidone soln (Betadine)**	**SJ041**	ml	**10**			
104	**swab-pad, alcohol**	**SJ053**	item	**2**			
105	**ultrasound transmission gel**	**SJ062**	ml				
106	**disinfectant, surface (Envirocide, Sanizide)**	**SM013**	item			**1**	**1**
107	**sanitizing cloth-wipe (patient)**	**SM021**	item				
108	**sanitizing cloth-wipe (surface, instruments, equipment)**	**SM022**	item				
109	**EQUIPMENT**	**CODE**					
110	**PACS Workstation Proxy**	**ED050**				**24**	**27**
111	**table, exam**	**EF023**		**16**			
112	**room, radiographic-fluoroscopic**	**EL014**				**22**	**24**
113	**light, exam**	**EQ168**		**16**			
114	**ultrasound unit, portable**	**EQ250**					

	A	B	C	R	S	T	V
1	REVISED AT RUC 10/1/15			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.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**49.0**	**17.0**	**23.0**	**31.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L041B**	RadTech			**3.0**	**4.0**
8		**L037D**	RN/LPN/MTA	**11.0**	**14.0**		
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L041B**	RadTech	**0.0**	**0.0**	**20.0**	**27.0**
10		**L037D**	RN/LPN/MTA	**35.0**			
11	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L041B**	RadTech				
12		**L037D**	RN/LPN/MTA	**3.0**	**3.0**	**0.0**	**0.0**
13	**PRE-SERVICE**						
14	**Start: Following visit when decision for surgery or procedure made**						
15	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA	**3**	**3**		
16	Coordinate pre-surgery services						
17	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**3**		
18	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**5**	**5**		
19	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**3**	**3**		
20	Availability of prior images confirmed	**L041B**	RadTech			**3**	**2**
21	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L041B**	RadTech				**2**
22	Other Clinical Activity - *specify:*						
23	**End: When patient enters office/facility for surgery/procedure**						
24	**SERVICE PERIOD**						
25	**Start: When patient enters office/facility for surgery/procedure:**						
26	Greet patient, provide gowning, ensure appropriate medical records are available						
27	Obtain vital signs						
28	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
29	Prepare room, equipment, supplies	**L041B**	RadTech			**1**	**2**
30	Setup scope (non facility setting only)						
31	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA				
32	Prepare and position patient/ monitor patient/ set up IV	**L041B**	RadTech			**1**	**2**
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Assist physician with fluoro and image acquisition	**L037D**	RN/LPN/MTA				
37	Assist physician with fluoro and image acquisition	**L041B**	RadTech			**15**	
38	Acquire images	**L041B**	RadTech				**15**

	A	B	C	R	S	T	V
1	**REVISED AT RUC 10/1/15**			**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.**			**62270** **(March 2003 PEAC)**		**77003** **(2015 RUC DB)**	**77003** **(Oct 2015 RUC)**
3	**Meeting Date: October 2015** **Tab: 13 - Fluoroscopic Guidance** **Specialty: American College of Radiology**	**CMS Code**	**Staff Type**	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**000**	**000**	**XXX**	**ZZZ**
39	**Post-Service**						
40	Monitor pt. following moderate sedation						
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
42	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA				
43	Clean room/equipment by physician staff	**L041B**	RadTech			**1**	**3**
44	Clean Scope						
45	Clean Surgical Instrument Package						
46	Complete diagnostic forms, lab & X-ray requisitions						
47	Review/read X-ray, lab, and pathology reports						
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA				
49	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	RadTech				**2**
50	Review examination with interpreting MD	**L041B**	RadTech				**2**
51	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L041B**	RadTech				**1**
52	Other Clinical Activity - *specify:*						
53	*Process films, hang films and review study with interpreting MD prior to patient discharge*	**L041B**	RadTech			**2**	
54	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**	**n/a**
55	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**	**n/a**
56	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**	**n/a**
57	**End: Patient leaves office**	**L037D**	RN/LPN/MTA	**35**			

	A	B	C	R	S	T	V
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2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			62270 (March 2003 PEAC)		77003 (2015 RUC DB)	77003 (Oct 2015 RUC)
3	Meeting Date: October 2015 Tab: 13 - Fluoroscopic Guidance Specialty: American College of Radiology	CMS Code	Staff Type	Spinal puncture, lumbar, diagnostic		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural
4	LOCATION			Non Fac	Facility	Non Fac	Non Fac
5	GLOBAL PERIOD			000	000	XXX	ZZZ
58	POST-SERVICE Period						
59	Start: Patient leaves office/facility						
60	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3		
61	*Office visits: List Number and Level of Office Visits*					# visits	# visits
62	99211 16 minutes		16				
63	99212 27 minutes		27				
64	99213 36 minutes		36				
65	99214 53 minutes		53				
66	99215 63 minutes		63				
67	Total Office Visit Time					0.0	0.0
68	Other Clinical Activity - *specify:*						
69	End: with last office visit before end of global period						
70	MEDICAL SUPPLIES*	CODE	UNIT				
71	kit, CVA catheter, non-tunneled	SA009	kit				
72	pack, minimum multi-specialty visit	SA048	pack	1			
73	tray, lumbar puncture	SA065	tray	1			
74	tray, shave prep	SA067	tray				
75	cap, surgical	SB001	item				
76	cover-condom, transducer or ultrasound probe	SB005	item				
77	drape, non-sterile, sheet 40in x 60in	SB006	item	1			
78	drape, sterile barrier 16in x 29in	SB007	item				
79	drape, sterile, c-arm, fluoro	SB008	item			1	1
80	gloves, non-sterile	SB022	item			1	1
81	gloves, sterile	SB024	pair	2			
82	gown, staff, impervious	SB027	item	1			
83	gown, surgical, sterile	SB028	item				
84	mask, surgical	SB033	item				
85	mask, surgical, with face shield	SB034	item				
86	shoe covers, surgical	SB039	item				
87	iv tubing (extension)	SC019	foot				
88	needle, 18-27g	SC029	item	1			
89	spinal manometer	SC048	item	1			
90	syringe 1ml	SC052	item	1			
91	syringe 3ml	SC055	item				
92	syringe 50-60ml	SC056	item				
93	syringe 5-6ml	SC057	item				
94	bandage, strip 0.75in x 3in (Bandaid)	SG021	item				
95	gauze, sterile 4in x 4in	SG055	item				
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item				
97	tape, surgical paper 1in (Micropore)	SG079	inch				
98	heparin 1,000 units-ml inj	SH039	ml				
99	lidocaine 1%-2% inj (Xylocaine)	SH047	ml				
100	sodium chloride 0.9% flush syringe	SH065	item				
101	hydrogen peroxide	SJ028	ml				
102	lubricating jelly (K-Y) (5gm uou)	SJ032	item				
103	povidone soln (Betadine)	SJ041	ml				
104	swab-pad, alcohol	SJ053	item	1			
105	ultrasound transmission gel	SJ062	ml				
106	disinfectant, surface (Envirocide, Sanizide)	SM013	item			1	1
107	sanitizing cloth-wipe (patient)	SM021	item				
108	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item				
109	EQUIPMENT	CODE					
110	PACS Workstation Proxy	ED050				20	27
111	table, exam	EF023		35			
112	room, radiographic-fluoroscopic	EL014				18	24
113	light, exam	EQ168					
114	ultrasound unit, portable	EQ250					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Moderate Sedation Review Screen*

October 2015

Moderate Sedation Services

In February 2015, the CPT Editorial Panel deleted six codes and replaced them with six new codes to accurately describe moderate sedation procedures in 15 minutes increments, as proposed by the Joint CPT/RUC Moderate Sedation Workgroup. The CPT Editorial Panel also made extensive changes to the introductory guidelines, parenthetical notes and Appendix G, including: 1) revision of the Moderate Sedation guidelines by including definitions for pre-, intra-, and post-service work to allow more accurate moderate sedation time reporting; 2) inclusion of a table of time examples to assist users in selection of the appropriate code(s) to report time spent providing moderate sedation services; 3) removal of the moderate sedation symbols (⦿) from the codes included in the *CPT* code set that were noted to inherently include moderate sedation services; and 4) deletion of the Appendix G section from the CPT code set. These actions will be implemented for CY 2017.

These CPT coding changes were made in follow-up to CMS stating their intent to unbundle moderate sedation services from every code in Appendix G (in the CY 2015 NPRM). In the CY 2016 NPRM, CMS stated that they seek recommendations from the RUC and other stakeholders on the appropriate valuation for moderate sedation services.

991X1 ***Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age***
The RUC reviewed the survey results from 61 physicians and agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 15 minutes, and post-service time of 15 minutes. The RUC noted that the CPT code descriptor encompasses the "initial 15 minutes of intra-service time" which is defined by the CPT introductory language as beginning "…with the administration of the sedating agent(s)." Administration of the sedation agent typically occurs during the pre-service portion of the underlying procedure. The RUC also noted that for 991X1 and 991X2, the physician time should not overlap with the skin-to-skin time of the underlying procedure as the monitoring portion of moderate sedation is performed by clinical staff for these moderate sedation services. The RUC also agreed this service will be exempt from CPT modifier 51 (*Multiple Procedures*). Furthermore, the RUC agreed that 15 minutes of post-service time is appropriate for this service as for a very young patient, the standard of care requires post-service time for 991X1 to ensuring the young patient has recovered from sedation prior to discharge.

The RUC reviewed the respondents' estimated 25th percentile work RVU of 0.50 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.50, the RUC reviewed CPT code 93268 *External patient and, when*

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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 (work RVU= 0.52, intra-time of 15 minutes, total time of 30 minutes) and noted that both services have identical intra-service and total times and therefore should be valued similarly. The RUC also reviewed CPT code 95927 *Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head* and noted that both services have identical intra-service times and similar total times and therefore should be valued similarly. **The RUC recommends a work RVU of 0.50 for CPT code 991X1.**

991X2 ***Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older***
The RUC reviewed the survey results from 391 physicians and agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 12 minutes, and post-service time of 0 minutes. The RUC noted that the CPT code descriptor encompasses the "initial 15 minutes of intra-service time" which is defined by the CPT introductory language as beginning "…with the administration of the sedating agent(s)." Administration of the sedation agent typically occurs during the pre-service portion of the underlying procedure. The RUC also noted that for 991X1 and 991X2, the physician time should not overlap with the skin-to-skin time of the underlying procedure as the monitoring portion of moderate sedation is performed by clinical staff for these moderate sedation codes. In addition, the RUC noted a significant bimodal distribution in the survey data for the survey data from gastroenterology with endoscopic procedures relative to the combined data of the respondents from the 10 other specialty societies that surveyed 991X2. Also, the RUC also agreed this service will be exempt from CPT modifier 51 (*Multiple Procedures*).

The RUC reviewed the combined data from respondents' estimated 25th percentile work RVU of 0.25 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.25, the RUC reviewed MPC code 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)* (work RVU= 0.25, total time of 10 minutes) and noted that both services have similar total time and physician work and therefore should be valued similarly. The RUC also reviewed MPC code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVU= 0.28, total time of 13 minutes) and noted that both services have similar total time and physician work and should also be valued similarly. **The RUC recommends a work RVU of 0.25 for CPT code 991X2.**

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991X3 ***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 younger than 5 years of age***
The RUC reviewed the survey results from 37 physicians and agreed with the following physician time components: pre-service time of 15 minutes, intra-service time of 15 minutes, and post-service time of 15 minutes. The RUC noted that the CPT code descriptor encompasses the "initial 15 minutes of intra-service time" which is defined by the CPT introductory language as beginning "…with the administration of the sedating agent(s)." The RUC concurred with the specialty societies that this service has a high intensity in part to the very young age of the patient. The RUC noted that, in addition to being used for acutely ill or injured patients, this service may also be used to sedate a very young patient for a procedure that an older patient could tolerate without moderate sedation. 991X3 requires additional pre-service time relative to 991X4 due to the additional time needed for planning and for explaining the service to the patient's parent(s). For very young children, the standard of care requires more post-service time for 991X3 relative to 991X4 to ensuring the young patient has recovered from sedation prior to discharge.

The RUC reviewed the respondents' estimated median work RVU of 2.20 and agreed that the survey respondents overvalued the physician work involved in performing this service. The specialty society, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and provided an appropriate physician work crosswalk code to value this procedure. To arrive at an appropriate value, the RUC considered the proposed crosswalk code, MPC code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU= 1.90, intra-service time of 15 minutes, total time of 45 minutes), and agreed that since both services have very similar physician work and identical intra-service and total times, both services should be valued identically. The RUC recommends a direct work RVU crosswalk from reference code 54150 to 991X3. To justify a work RVU of 1.90, the RUC reviewed reference code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90, intra-service time of 15 minutes, total time of 49 minutes) and noted that both services involve very similar physician work and have similar physician times. **The RUC recommends a work RVU of 1.90 for CPT code 991X3.**

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***
The RUC reviewed the survey results from 31 physicians 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 9 minutes. The RUC noted that the CPT code descriptor encompasses the "initial 15 minutes of intra-service time" which is defined by the CPT introductory language as beginning "…with the administration of the sedating agent(s)." The RUC concurred that sedation of the acutely ill or injured patient with a separate physician for the procedure and sedation entails a different set of risks then the scheduled patient undergoing a diagnostic procedure. For example, the emergency department patient is rarely fasting; a full stomach, intoxication and/or uncontrolled comorbid conditions are not unusual. The physiology of the acutely injured patient is different than the prepared patient in that the high adrenergic state associated with acute injury requires a different set of considerations for

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appropriate dosing. The patient with severe pain from a dislocated joint or a displaced fracture may require more than a typical dose for weight or repeat dosing.

The specialty societies, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and instead recommended the 25th percentile work RVU of 1.84. The RUC reviewed the respondents' estimated 25th percentile work RVU of 1.84 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.84, the RUC reviewed CPT code 64615 *Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)* (work RVU= 1.85, intra-service time of 15 minutes, total time of 35 minutes) and noted that both services have identical intra-service times and similar total times and should therefore be valued similarly. The RUC also reviewed MPC code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU= 1.90, intra-service time of 15 minutes, total time of 45 minutes) and noted that both services have identical intra-service times and involve similar physician work, though 54150 has somewhat more total time which justifies a somewhat lower value for the survey code. **The RUC recommends a work RVU of 1.84 for CPT code 991X4.**

991X5 ***Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intra-service time (List separately in addition to code for primary service)***

CPT code 991X5 was created by the CPT Editorial Panel as a method to report practice expense for when moderate sedation is performed by the same physician or other qualified healthcare professional also performing the underlying procedure in the office setting. The RUC concurred with the Joint CPT/RUC Moderate Sedation workgroup that this service should be Practice Expense only and not include any physician work time or work RVUs. The RUC noted that there should be no physician time for 991X5, since physician time should not overlap with the skin-to-skin time of the underlying procedure as the monitoring portion of moderate sedation is performed by clinical staff for these moderate sedation services. **The RUC recommends a work RVU of 0.00 for CPT code 991X5.**

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)***

The RUC reviewed the survey results from 30 physicians and agreed with the following physician time components: pre-service time of 0 minutes, intra-service time of 15 minutes, and post-service time of 0 minutes. The RUC noted this is an add-on service for 991X3 and 991X4 and that it may be billed multiple times based on the length of the moderate sedation intra-service period. The RUC also noted that the CPT code descriptor encompasses "each additional 15 minutes of intra-service time" which is defined by the CPT introductory language as ending "… when the procedure is completed, the patient is stable for recovery status, and the physician or other qualified health care professional providing the sedation ends personal continuous face-to-face time with the patient."

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The specialty societies, noting prior discussion with the pre-facilitation committee, revised their initial recommendation and instead recommended the 25th percentile work RVU of 1.25. The RUC reviewed the respondents' estimated 25th percentile work RVU of 1.25 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 1.25, the RUC reviewed MPC code 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)* (work RVU= 1.20, intra-service time of 15 minutes) and noted that both services have identical intra-service times and involve similar physician work and should therefore be valued similarly. The RUC also reviewed CPT code 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)* (work RVU= 1.16, intra-service time of 15 minutes) and noted that although both services have identical intra-service times, the survey code involves somewhat more intense physician work. **The RUC recommends a work RVU of 1.25 for CPT code 991X6.**

Practice Expense

The RUC recommends no direct practice expense inputs for codes 991X3, 991X4 and 991X6 as these services are expected to only be performed in the facility setting. The RUC accepted the direct PE inputs for codes 991X1, 991X2 and 991X5 as recommended by the Practice Expense Subcommittee. The practice expense inputs conform to the current CMS approved standard moderate sedation package direct practice expense inputs.

CPT Appendix G Codes

As part of the new coding structure to report moderate sedation services, the Appendix G section of the CPT code set will be deleted and the physician work and direct practice expense inputs for moderate sedation will be unbundled from all applicable services. These actions will be implemented for CY 2017. In preparation for unbundling of moderate sedation from Appendix G, at the April 2015 RUC meeting, the RUC reviewed and approved pre-service time package proxies of either 1B *Straightforward Patient/Straightforward Procedure* or 2B *Difficult Patient/Straightforward Procedure* for all applicable codes in Appendix G that did not already have an assigned pre-time package.

Appendix G Physician Work RVU

At the October 2015 RUC meeting, the RUC reviewed and approved a methodology for unbundling budget neutral work RVUs from all relevant services in Appendix G as recommended by the Joint CPT/RUC Moderate Sedation Workgroup. The budget neutral outputs from this methodology are for 0.09 work RVUs for all Appendix G services with assigned pre-time package 1B and 0.18 work RVUs for all Appendix G services with assigned pre-time package 2B. *This methodology and the underlying analysis that it is based on are included in a separate attachment with the RUC recommendations submission.*

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During its review of the unbundling methodology, the RUC noted that moderate sedation physician work and time were only bundled into the pre-service portion of applicable services in Appendix G. No physician work RVUs were bundled into the codes for any physician time that overlaps with the skin-to-skin time of the underlying procedure. Therefore, the RUC agreed with the Joint CPT/RUC Moderate Sedation Workgroup that it would only be appropriate to unbundle moderate sedation work derived from CPT code 991X2 *Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older*, while also accounting for budget neutrality.

The RUC-approved unbundling methodology involves removing a two-tier budget neutral work RVU from Appendix G codes based on whether the Appendix G code was assigned RUC pre-service time package 1B (5 minutes of Moderate Sedation time) or pre-service time package 2B (10 minutes of Moderate Sedation time). For services that do not have RUC-assigned pre-time packages, the methodology uses the placeholder pre-time packages assigned by the top performing specialties and approved by the RUC at the April 2015 RUC meeting. The budget neutral outputs of the algorithm are based on the RUC recommendation of 0.25 work RVUs for code 991X2.

As part of the underlying analysis for this methodology, the aggregate projected Medicare Utilization for 991X2 was estimated based on the Medicare utilization for existing CPT code *99144 Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional; age 5 years or older, first 30 minutes intra-service time*, as well as the Medicare utilization and the estimated same-day moderate sedation billed together percentage for each stand-along category I code in Appendix G. The total projected utilization for 991X2 is 6,308,491 Medicare claims. The underlying analysis also determined the proportion of these Moderate sedation services that would be performed with codes in Appendix G by pre-time package, as well as the proportion of moderate sedation services performed with underlying procedures outside of Appendix G.

To validate the methodology's output work RVUs of 0.09 and 0.18, the RUC reviewed how it had originally bundled moderate sedation services into 000-day, 010-day, 090-day and XXX global codes in Appendix G. Time for administration of moderate sedation was bundled into Appendix G services based on assigned RUC pre-service time package 1B (5 minutes of Moderate Sedation time) or pre-service time package 2B (10 minutes of Moderate Sedation time). As administration of Moderate sedation time was added to the pre-service evaluation portion of the underlying procedure (valued at 0.0224 work RVUs per minute), a derived work RVU of 0.11 RVUs for pre-time package 1B and a derived work RVU of 0.22 RVUs for pre-time package 2B can be assumed. The RUC noted that the output of the methodology under review was similar to these derived work values. The RUC agreed that the lower output of the budget neutral methodology was appropriate due to the needed redistribution of projected Medicare savings from the deletion of CPT code 99144.

Based on its approved methodology for unbundling moderate sedation, the RUC recommends removing the following budget-neutral work RVUs from all services with the XXX, 000-day, 010-day and 090-day global periods in Appendix G:

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- **0.09 work RVUs from all Appendix G codes with assigned pre-time package of 1B**
- **0.18 from all Appendix G codes with assigned pre-time package 2B.**

The RUC also recommends no work RVU change for any service with the ZZZ global period.

Appendix G Physician Time
The RUC recommends for 5 minutes of pre-service evaluation time to be removed from every Appendix G code with assigned/proxy RUC pre-service time package 1B and 10 minutes of pre-service evaluation time to be removed from every Appendix G code with assigned/proxy RUC pre-service time package 2B. For the four services with the "CMS/Other" physician time source, the RUC recommends deducting the physician time from the total physician time. For the eight XXX and 000-day global services with a Harvard or RUC time source that do not have any pre-service time, the RUC recommends deducting physician time from the intra-service time. *The recommended physician times by code are included in a separate attachment with the RUC recommendations submission.*

Appendix G Direct Practice Expense Inputs
The RUC recommends for all direct practice expense inputs that pertain to moderate sedation to be removed for every service in Appendix G, as recommended in the separately included attachment with the RUC recommendations submission.

Estimated Medicare Utilization
The RUC estimates the following Medicare utilization for CPT codes 991X1-991X6. *The underlying analyses and assumptions these estimates are based on are included in separate attachments with the RUC recommendations submission.*

CPT Code	Estimated Medicare Utilization
991X1	21
991X2	6,308,491
991X3	4
991X4	5,545
991X5	12,698,618
991X6	4,030

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CPT Code • New ▲ Revision D Deletion, (e) Editorial (f) Code Family	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Moderate (Conscious) Sedation

Moderate (also known as conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain cardiovascular function or a patent airway, and spontaneous ventilation is adequate. ~~Cardiovascular function is usually maintained~~.

Moderate sedation ~~does not include~~ codes 991X1, 991X2, 991X5, 991X3, 991X4, 991X6 are not used to report administration of medications for pain control, minimal sedation (anxiolysis), deep sedation or monitored anesthesia care (00100-01999).

For purposes of reporting, intra-service time of moderate sedation is used to select the appropriate code(s). The following definitions are used to determine intra-service time (as compared to pre- and post-service time).

An "independent trained observer" is an individual qualified to monitor the patient during the procedure, but who has no other duties (eg, assisting at surgery) during the procedure.

~~When providing moderate sedation, the following services are included and not reported separately:~~

- ~~Assessment of the patient (not included in intraservice time);~~
- ~~Establishment of IV access and fluids to maintain patency, when performed;~~
- ~~Administration of agent(s);~~
- ~~Maintenance of sedation;~~
- ~~Monitoring of oxygen saturation, heart rate and blood pressure; and~~
- ~~Recovery (not included in intraservice time).~~

Pre-Service Work

The pre-service activities required for moderate sedation are included in the work described by each code 991X1, 991X2, 991X5, 991X3,

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991X4, 991X6) and are not reported separately. The following pre-service work components are not included when determining intra-service time for reporting:

- Assessment of the patient's past medical and surgical history with particular emphasis on cardiovascular, pulmonary, airway or neurologic conditions;
  - Review of the patient's previous experiences with anesthesia and/or sedation;
  - Family history of sedation complications;
  - Summary of the patient's present medication list;
  - Drug allergy and intolerance history;
  - Focused physical examination of the patient with emphasis on:
  - Mouth, jaw, oropharynx, neck and airway for Mallampati score assessment;
  - Chest and lungs;
  - Heart and circulation;
  - Vital signs including heart rate, respiratory rate, blood pressure and oxygenation with end tidal CO2 when indicated;
  - Review of any pre-sedation diagnostic tests;
  - Completion of a pre-sedation assessment form (with ASA Physical Status classification);
  - Patient informed consent;
  - Immediate pre-sedation assessment prior to first sedating doses;
  - Initiation of IV access and fluids to maintain patency.

~~Intraservice time starts with the administration of the sedation agent(s), requires continuous face-to-face attendance, and ends at the conclusion of personal contact by the physician providing the sedation.~~

Intra-Service Work

Intra-service time is used to determine the appropriate CPT code for reporting of moderate sedation services:

- Begins with the administration of the sedating agent(s);
- Ends when the procedure is completed, the patient is stable for recovery status, and the physician or other qualified health care

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professional providing the sedation ends personal continuous face-to-face time with the patient;

- includes ordering and/or administering the initial and subsequent doses of sedating agents;
- Requires continuous face-to-face attendance of the physician or other qualified health care professional;
- Requires monitoring patient response to the sedating agents, including:
- Periodic assessment of the patient;
- Further administration of agent(s) as needed to maintain sedation; and
- Monitoring of oxygen saturation, heart rate and blood pressure;

If the physician or other qualified health care professionalwho provides the sedation services also performs the procedure supported by sedation (991X1, 991X2, 991X5), the physician or other qualified health care professional will supervise and direct an independent, trained observer who will assist in monitoring the patient's level of consciousness and physiologic status throughout the procedure.

Post-Service Work

The post-service activities required for moderate sedation are included in the work described by each code (991X1-991X6) and are not reported separately. Once continuous face-to-face time with the patient has ended, additional face-to-face time with the patient is not added to the intra-service time, but is considered part of the post-service work. The following post-service work components are not included when determining intra-service time for reporting:

- Assessment of the patient's vital signs, level of consciousness, neurologic, cardiovascular and pulmonary stability in the post sedation recovery period;
- Assessment of patient's readiness for discharge following the procedure;
- Preparation of documentation regarding sedation service;
- Communication with family/caregiver regarding sedation service.

Post-service work/times are not used to select the appropriate code.

Do not report ~~99143-99150 99145, 99150~~, 991X1, 991X2, 991X5, 991X3, 991X4, 991X6 in conjunction with 94760, 94761, 94762.

~~Do not report 99143-99145, in conjunction with codes listed in Appendix G. Do not report 99148-99150 in conjunction with codes listed in Appendix G when performed in the nonfacility setting.~~

Codes 991X1-991X4 are reported for the first 15 minutes of intra-service time providing moderate sedation. Codes 991X5, 991X6 are reported for each additional 15 minutes in addition to the code for the primary service.

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		Moderate Sedation (MS) provided by physician or other qualified health care professional (same physician or qualified health care professional also performing the procedure MS is supporting)	MS provided by different physician or other qualified health care professional (not the physician or qualified health care professional who Is performing the procedure MS is supporting)
Total Intra-service time for Moderate Sedation	**Patient Age**	**Code(s)**	**Code(s)**
Less than 10 minutes	Any age	Not separately reported	Not separately reported
10-22 minutes	<5 years	991X1	991X3
10-22 minutes	5 years or older	991X2	991X4
23-37 minutes	< 5 years	991X1 + 991X5 X 1	991X3 + 991X6 X 1
23-37 minutes	5 years or older	991X2 + 991X5 X 1	991X4 + 991X6 X 1
38-52 minutes	< 5 years	991X1 + 991X5 X 2	991X3 + 991X6 X 2
38-52 minutes	5 years or older	991X2 + 991X5 X 2	991X4 + 991X6 X 2
53-67 minutes (53 min. - 1 hr. 7 min)	< 5 years	991X1 + 991X5 X 3	991X3 + 991X6 X 3

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53-67 minutes (53 min. - 1 hr. 7 min)	5 years or older	991X2 + 991X5 X 3	991X4 + 991X6 X 3
68-82 minutes (1 hr. 8 min. - 1 hr. 22 min)	< 5 years	991X1 + 991X5 X 4	991X3 + ~~99150~~991X6 X 4
68-82 minutes (1 hr. 8 min. - 1 hr. 22 min)	5 years or older	991X2 + 991X5 X 4	991X4 + 991X6 X4
83 minutes or longer (1 hr. 23 min – etc.)	< 5 years	991X5	Add 991X6
83 minutes or longer (1 hr. 23 min – etc.)	5 years or older	Add 991X5	Add 991X6

~~When a second physician or other qualified healthcare professional other than the healthcare professional performing the diagnostic or therapeutic services provides moderate sedation in the facility setting (eg, hospital/ambulatory surgery center, skilled nursing facility) for the procedures listed in Appendix G, the second physician or other qualified healthcare professional reports codes 99148, 99149, 99150 991X4-991X5. However, for the circumstance in which these services are performed by the second physician or other qualified health care professional in the nonfacility setting (eg, office, freestanding imaging center), codes 99148, 99149, 99150 991X4-991X5 are not reported. See also **Instructions for Use of the CPT Codebook** for definition of reporting qualifications.~~

●991X1	II1	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15	XXX	0.50

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		minutes of intra-service time, patient younger than 5 years of age		
●991X2	II2	initial 15 minutes of intra-service time, patient age 5 years or older	XXX	0.25
~~D✚99145~~		~~each additional 15 minutes intra-service time (List separately in addition to code for primary service)~~ ~~(Use 99145 in conjunction with 99143, 99144)~~ (99143, 99144, 99145 have been deleted. To report moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, see 991X1, 991X2, 991X5)	~~ZZZ~~	N/A
●991X5	II3	each additional 15 minutes of intra-service time (List separately in addition to code for primary service) (Use ~~99145~~991X5 in conjunction with ~~99143, 99144~~991X1, 991X2) (Do not report 991X5 in conjunction with 991X3, 991X4)	ZZZ	N/A (PE Only)
●991X3	II4	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 younger than 5 years of age	XXX	1.90

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●991X4	II5	initial 15 minutes of intra-service time, patient age 5 years or older	XXX	1.84
~~D✚▲99150(f)~~		~~each additional 15 minutes intra-service time (List separately in addition to code for primary service)~~ (99148, 99149, 99150 have been deleted. To report 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, see 991X3, 991X4, 991X6)	~~ZZZ~~	N/A
✚991X6	II6	each additional 15 minutes intra-service time (List separately in addition to code for primary service) (Use ~~99150~~991X6 in conjunction with ~~99148, 99149~~991X3, 991X4) (Do not report 991X6 in conjunction with 991X1, 991X2)	ZZZ	1.25
~~D99143~~		~~*Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time*~~	~~XXX~~	N/A
~~D99144~~		~~*age 5 years or older, first 30 minutes intra-service time*~~ (99143, 99144 have been deleted. To report moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the	~~XXX~~	N/A

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		sedation supports, see 991X1, 991X2)		
~~D99148~~		~~*Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time*~~	~~XXX~~	N/A
~~D99149~~		~~*age 5 years or older, first 30 minutes intra-service time*~~ (99148, 99149 have been deleted. To report 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, see 991X3, 991X4)	~~XXX~~	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:991X1 Tracking Number II1 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX RUC Recommended RVU: **0.50**

CPT Descriptor: Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient undergoes a procedure that requires moderate sedation. The treating physician will perform both the supported procedure and the moderate sedation service. The physician will supervise and direct an independent, trained observer who will assist in monitoring the patient's level of consciousness and physiologic status throughout the procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

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:

Description of Intra-Service Work: The physician or other qualified health care professional performs pre-sedation patient assessment, supervises or personally provides the administration of the sedating agent, with or without an analgesic, and supervises an independent, trained observer who monitors the patient's level of consciousness and physiologic status throughout the procedure. The patient is assessed continuously throughout the procedure/services to achieve effective and safe level of moderate sedation. Additional doses of sedating agent(s) are ordered or provided by the physician as needed. The physician's intraservice time ends when the procedure is complete, the patient is physiologically stable, and face-to-face physician time is no longer required.

Description of Post-Service Work: The physician or other qualified health care professional who provides moderate sedation concurrent with another procedure (such as a facial laceration repair), will have left the patient's bedside upon completion of the other procedure. While this moderately sedated patient remained conscious during the concurrent procedure, the typical patient under 5 years of age has not yet fully met recovery criteria for discharge. The typical patient is therefore monitored by nursing or other clinical staff until these criteria (eg, level of consciousness, able to tolerate clear liquids, etc.) are met. The clinical staff inform the physician that the patient has met criteria and is a candidate for discharge. The physician returns to the bedside and conducts an independent assessment for recovery. The physician also

offers discharge instructions to the parents that are unique to the moderate sedation. Appropriate documentation elements are entered into the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Steve Krug, Katina Nicolacakis, Kevin Kovitz, Richard Wright, Zeke Silva, Kurt Schoppe, Marc Leib, Richard Rosenquist, Michael Hall, Matthew Sideman, Cliff Kavinsky, Michael Main, Robert Demarco, Kevin Kovitz, and Alan Plummer				
Specialty(s):	AAP, CHEST, ATS, ACR, SIR, ACC, SCAI, HRS, ASE				
CPT Code:	991X1				
Sample Size:	5971	**Resp N:** 61	**Response:** 1.0 %		
Description of Sample:	Random samples from AAP (550), CHEST/ATS (1,500), ACR (750), SIR (421), ACC/SCAI/HRS/ASE (2,750)				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**10.00**	45.00	1000.00
Survey RVW:	0.20	0.50	**0.60**	0.80	5.00
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	**15.00**	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:	991X1	**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:		**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:	**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? 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
76815	XXX	0.65	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

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
93922	XXX	0.25	**RUC Time**	658,534

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	65,863

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

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:** 31.1 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 991X1	Top Key Reference CPT Code: 76815	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	5.00	2.00
Median Intra-Service Time	15.00	5.50	10.00
Median Immediate Post-service Time	5.00	5.00	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	**20.00**	**15.50**	**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	0.58	0.73
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.74	0.55
Urgency of medical decision making	1.05	1.18

Technical Skill/Physical Effort (Mean)

Technical skill required	0.37	0.64
Physical effort required	0.11	0.55

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.42	1.45
Outcome depends on the skill and judgment of physician	0.95	1.18
Estimated risk of malpractice suit with poor outcome	1.26	1.64

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.89	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.*

991X1 is a new code to describe the work to initiate, achieve, and maintain moderate sedation by the same physician who is performing an underlying procedure on a patient younger than 5 years of age. Societies undertook significant preparations to develop a relevant reference service list and modify the standard RUC survey in consultation with the Research Subcommittee. As with other services in recent experience, the surveying societies did not feel many relatable services were available for survey respondents to select—few, if any, services are universal to this large group that are also clinically similar to 991X1. Random surveys were conducted by the various societies as described above. Survey data is presented in aggregate and separately in the attached summary spreadsheet.

During several staff and advisor conference calls lasting multiple hours as well as voluminous email communication, the surveying societies attempted to reach a consensus recommendation for 991X1. As can be seen in the summary spreadsheet, some variability exists by specialty. Some groups favored a recommendation that took that variability into account. Others felt the aggregate survey data should be used to form a recommendation for the following reasons:

- **The RUC relies on survey data to make recommendations, when possible.**
- **The survey had a relatively high number of respondents.**
- **In aggregate, the survey data are fairly congruous with other codes in the family and other comparators in the RBRVS.**

As such, the groups that favored relying on survey data present here a rationale for a work recommendation of 0.50 work RVUs, the survey 25th-percentile.

The key reference code is 76815, which was selected by 31% of respondents. The second key reference service is 99212, which was selected by 18% of respondents. Societies also draw the RUC's attention to the included MPC codes, 93922 and 99407, which also support the recommended value.

Consistent with the survey, this group of societies recommends the aggregate 25th percentile wRVU of 0.50, the median intra-service time of 15 minutes, and the median post-service time of 15 minutes. This recommendation creates good relativity with 991X2X, a similar service provided to a patient 5 years or older that has a lower value recommendation, lower intra-service time, and no post-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: 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. This code would be reported any time a physician performing a procedure also administers/supervises administration of moderate sedation, such as those in Appendix G, and other services.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Previously bundled into underlying service as inherent moderate sedation

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 AAP How often? Commonly

Specialty CHEST/ATS How often? Commonly

Specialty Others How often? Sometimes

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.

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 pending attachment)

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:
Anesthesia

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

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. 99205

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:991X2 Tracking Number II2 Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX RUC Recommended RVU: **0.25**

CPT Descriptor: Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient undergoes a procedure that requires moderate sedation. The treating physician will perform both the supported procedure and the moderate sedation service. The physician will supervise and direct an independent, trained observer who will assist in monitoring the patient's level of consciousness and physiologic status throughout the procedure.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

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:

Description of Intra-Service Work: The physician or other qualified health care professional performs pre-sedation patient assessment, supervises or personally provides the administration of the sedating agent, with or without an analgesic, and supervises an independent, trained observer who monitors the patient's level of consciousness and physiologic status throughout the procedure. The patient is assessed continuously throughout the procedure/services to achieve effective and safe level of moderate sedation. Additional doses of sedating agent(s) are ordered or provided by the physician as needed. The physician's intraservice time ends when the procedure is complete, the patient is physiologically stable, and face-to-face physician time is no longer required.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015
Presenter(s):	Steve Krug, Richard Wright, Zeke Silva, Kurt Shoppe, Marc Leib, Richard Rosenquist, Katina Nicolacakis, Matthew Sideman, Cliff Kavinsky, David Slotwiner, Mark Schoenfeld, Michael Main, Robert Demarco, Kevin Kovitz, and Alan Plummer; R. Bruce Cameron, MD (ACG); Dawn L. Francis, MD (AGA); Shivan Mehta, MD (AGA); Joel V. Brill, MD (AGA); Seth A. Gross, MD (ASGE); Vivek Kaul, MD (ASGE)
Specialty(s):	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)
CPT Code:	991X2

Sample Size:	8970	**Resp N:**	391	**Response:** 4.3 %
Description of Sample:	Random samples from all groups. AAP 550, ACC 1500, ACG/AGA, ASGE 1000, ASA 500, ATS 900, CHEST 750, SIR 420, SVS 2100, SCAI 500, HRS 250, ASE 500			

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**100.00**	400.00	2000.00
Survey RVW:	0.02	0.25	**0.50**	0.65	100.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**12.00**	15.00	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:	991X2	**Recommended Physician Work RVU: 0.25**		
		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:		**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:	**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
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96365	XXX	0.21	**RUC Time**

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

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
93922	XXX	0.25	**RUC Time**	658,534

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96413	XXX	0.28	**RUC Time**	1,890,632

CPT Descriptor 2 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

Other Reference CPT Code	Global	Work RVU	Time Source
96409	XXX	0.24	**RUC Time**

CPT Descriptor Chemotherapy administration; intravenous, push technique, single or initial substance/drug

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: 93 **% of respondents:** 23.7 **%**

Number of respondents who choose 2nd Key Reference Code: 64 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 991X2	**Top Key Reference CPT Code:** 99212	**2nd Key Reference CPT Code:** **96365**
Median Pre-Service Time	0.00	2.00	2.00
Median Intra-Service Time	12.00	10.00	5.00
Median Immediate Post-service Time	0.00	4.00	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	**12.00**	**16.00**	**9.00**
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	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.29	0.56
Urgency of medical decision making	0.98	0.83
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.45	0.30
Physical effort required	0.13	0.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.42	0.91
Outcome depends on the skill and judgment of physician	1.22	0.81
Estimated risk of malpractice suit with poor outcome	1.44	1.11

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.83	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.*

9921X2X is a new code to describe the work to initiate, achieve, and maintain moderate sedation by the same physician who is performing an underlying procedure on a patient 5 years or older. Societies undertook significant preparations to develop a relevant reference service list and modify the standard RUC survey in consultation with the Research Subcommittee. As with other services in recent experience, the surveying societies did not feel many relatable services

were available for survey respondents to select—few, if any, services are universal to this large group that are also clinically similar to 991X2. Random surveys were conducted by the various societies as described above. Survey data is presented in aggregate and separately in the attached summary spreadsheet.

During several staff and advisor conference calls lasting multiple hours as well as voluminous email communication, the surveying societies attempted to reach a consensus recommendation for 991X2. As can be seen in the summary spreadsheet, some variability exists by specialty. Some groups favored a recommendation that took that variability into account. Others felt the aggregate survey data should be used to form a recommendation for the following reasons:

- The RUC relies on survey data to make recommendations, when possible.
- The survey had a relatively high number of respondents.
- In aggregate, the survey data are fairly congruous with other codes in the family and other comparators in the RBRVS.

As such, the groups that favored relying on survey data present here a rationale for a work recommendation of 0.25 work RVUs, the survey 25th-percentile.

The key reference code is 99212, a level 2 established patient office visit. The key reference was selected by 24% of respondents. The second key reference service is 93635, initial IV infusion for therapy, prophylaxis, or diagnosis. The second key reference was selected by 16% of respondents. Respondents who selected the key reference services indicated 991X2 to be more intense/complex than the key reference services in all metrics. Societies also draw the RUC's attention to the included MPC codes, 93922 and 96413, as well as additional comparator code 96409 that all support the recommended value.

Consistent with the survey, this group of societies recommends the survey 25th-percentile work RVU of 0.25 with 12 minutes intraservice and total service time. This recommendation creates good relativity with 991X1, a similar service provided to a patient under 5 years old that has a higher value recommendation and longer total 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: 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. This code would be reported any time a physician performing a procedure also administers/supervises administration of moderate sedation, such as those in Appendix G, and other services.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) previously bundled into underlying service as inherent moderate sedation

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 GI How often? Commonly

Specialty cardiology How often? Sometimes

Specialty others How often? Sometimes

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.

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 pending attached spreadsheet.

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:
Anesthesia

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

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. 99205

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:991X3 Tracking Number II4 Original Specialty Recommended RVU: **2.20**
Presented Recommended RVU: **1.90**
Global Period: XXX RUC Recommended RVU: **1.90**

CPT Descriptor: 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 younger than 5 years of age

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2-year-old patient undergoes a procedure that requires a physician other than the physician providing the procedure, to provide moderate sedation to complete the procedure safely and with minimal emotional trauma. The physician or other qualified health care professional providing the moderate sedation personally monitors the patient's level of consciousness and physiologic status throughout the procedure.

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: The sedating physician first performs and documents a thorough patient assessment to assure that moderate sedation can be safely provided outside of an operating room setting. This assessment includes a detailed review of the patient's current and past medical history (eg, historical factors necessitating the procedure, concurrent acute illness or chronic diseases, current medications, allergy history, immunization status, prior medical and surgical history, and response to any previous sedative or analgesic agents, etc). The timing of the patient's last meal must also be determined. A physical exam is completed with an emphasis on underlying pathology that might negatively impact the induction or recovery from the sedative. Based upon this assessment, and the sedation and/or analgesia requirements of the procedure, the sedating physician must then determine the appropriate pharmacologic agent(s) to be used, including dosing and route of administration. The sedation process, including the risks and benefits, are explained to the parent(s) or legal guardian and consent is obtained. The patient is verbally prepared for the procedure and the appropriate monitoring equipment (heart rate, respiration, pulse oximetry, intermittent blood pressure) is connected to the patient. The availability and the appropriate functioning of oxygen, suctioning equipment, artificial airways, masks, and resuscitation bags are confirmed.

Description of Intra-Service Work: The sedating agent(s) with or without an analgesic agent is administered and the patient is assessed continuously until an effective and safe level of moderate sedation and/or analgesia is achieved. The patient is closely monitored by the sedating physician and additional doses of sedating and/or analgesic agent(s) are delivered as

needed. The sedating physician's intra-service time ends when the procedure is complete, the patient is physiologically stable, and face-to-face time with the sedating physician is no longer required.

Description of Post-Service Work: Upon completion of the sedation and when the patient is physiologically stable, patient monitoring is returned to the procedural physician and/or clinical staff. The sedating physician returns and re-assesses the patient until the patient reaches a pre-sedation level of consciousness. The sedating physician then establishes if pre-determined discharge criteria have been met. These assessments and the final assessment are documented in the procedural records and post-sedation instructions are provided to the parent(s) or legal guardian. This information is then communicated to the procedural physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ethan Booker, MD and Steve Krug, MD				
Specialty(s):	ACEP and AAP				
CPT Code:	991X3				
Sample Size:	1163	**Resp N:** 37	**Response:** 3.1 %		
Description of Sample:	Random samples from ACEP (499) and AAP (664)				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	75.00	500.00
Survey RVW:	0.75	1.30	**2.20**	2.90	4.73
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	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:	**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:	991X3	**Recommended Physician Work RVU: 1.90**		
		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:		**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:	**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? 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
99284	XXX	2.56	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99359	ZZZ	1.00	**RUC Time**

CPT Descriptor Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

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
36556	000	2.50	**RUC Time**	467,977

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
00410	XXX	4.00	**Other**

CPT Descriptor Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias

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:** 48.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 991X3	Top Key Reference CPT Code: 99284	2nd Key Reference CPT Code: **99359**
Median Pre-Service Time	15.00	5.00	0.00
Median Intra-Service Time	15.00	25.00	30.00
Median Immediate Post-service Time	15.00	10.00	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**	**40.00**	**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	0.06	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.40

Urgency of medical decision making	0.28	0.60

Technical Skill/Physical Effort (Mean)

Technical skill required	0.67	1.20
Physical effort required	0.28	0.60

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.17	1.00
Outcome depends on the skill and judgment of physician	0.72	0.80
Estimated risk of malpractice suit with poor outcome	1.22	1.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.50	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.

This code replaces the previous code 99148, which has the same descriptor of work but specifies 30 minutes of intra-service time. 99148 was carrier priced and AMA staff has confirmed that a change in value does not require compelling evidence.

Similar to surveys for other moderate sedation services we did notice a difference in distribution between societies; therefore survey data separated by specialty and in combined format were distributed for your review. Our presented SoR reflects the combined data. Our bimodal distribution reflects a different patient population, somewhat separated by age but we also believe there is some variation, especially amongst AAP surveys related to indication for sedation services. ACEP contains some members who perform services only for adults but the majority of emergency physicians provide services across the entire spectrum of age. Likewise, pediatricians provide services to patients both above and below the age of 5 years and so both groups would be performing X3 and X4. Within the pediatric survey respondents, many provide this service in emergency departments. However, there are some within the pediatric survey that provide inpatient services or services in support of diagnostic procedures not in the emergent setting. In addition, our expert panel suggests that those patients in their population who are 5 and older and require sedation may have more complexity. For example, it may be necessary to sedate a two year-old for a stressful procedure that a normal 8 year old could tolerate without moderate sedation, but an 8 year-old with developmental delay who is chronologically 8 years old but developmentally unable to follow instruction may require sedation and would represent significant challenges. Therefore, related to the bimodal distribution of our survey respondents and the described issues of age, we

assert that unlike other codes with a division of less than 5 years and older than 5 years such as central catheter placement, the relationship between the X4 code and the X3 code likely cannot be described with a simple numerical scaling factor to explain a difference in service intensity. The SoR for X3 does, however, reflect the presence of greater work (and time) in both the pre- and post-service time periods. Our expert panel believes this difference to be real, reflecting the additional time/effort required in preparation and planning to deliver these services to a very young child, and likewise, the additional time and effort required to assure that a very young child has fully recovered and may be safely discharged home.

We performed a random survey of members of AAP and ACEP and have 37 responses. The 50th percentile for times for pre and post service are 15 minutes. The median intra-service time from our survey is 20 minutes.

We believe and our reviewers also suggest, that the intra-service descriptor defines a length of time for the code and would therefore recommend 15 minutes of intra-service time, so we are reducing the survey median to 15 minutes to reflect the CPT descriptor. For the reasons explained above, we believe that the pre and post times should remain at the proposed survey median at 15 and 15. Our revised recommended work RVU is 1.90.

Sedation of the acutely ill or injured patient, with a separate provider for procedure and sedation, which is the experience of our survey respondents, entails a different set of risks and work than the scheduled, prepared patient undergoing a diagnostic procedure. As one example, the ED patient (of all age groups) is rarely fasting, in fact a full stomach, intoxication, and uncontrolled co-morbid conditions are not unusual in an injured adult. Also, the physiology of the acutely injured patient is different than the prepared patient in that the high adrenergic state of the acutely injured or ill patient requires careful consideration for appropriate dosing and agent selection. Whereas in the planned sedation a certain dose of an opiate may be sufficient, in a patient with severe pain from dislocated joint or displaced fracture, a much larger dose may be required or sedation may be occurring after analgesia has been given. Also, in the scheduled diagnostic procedure, the induction of sedation is the high intensity portion of the service, in the emergency department patient requiring sedation, there are 3 phases of intensity. One, safe induction of sedation, two the maintenance of adequate sedation for a painful or otherwise stressful procedure, and lastly and unique to the situation described above is careful monitoring of the patient after the procedure has been done. This phase of care occurs in a time period in which the adrenergic state of acute injury, that is the joint dislocation, displaced fracture, or pus under pressure from abscess is now relieved but the pharmacologic effects of medications given at sufficient dose to overcome the adrenergic state are still present. In practice, the physiology of the patient the provider sedated may be much different after the supported procedure has been completed and while that the procedure is complete the patient may be at even greater risk of harm due to the presence of analgesic and sedating agents given at sufficient dose to overcome severe pain and the adrenaline surge associated with the injury which has been treated.

Similar to surveys for other moderate sedation services we did notice a difference in distribution between societies; therefore survey data separated by specialty and in combined format were distributed for your review. Our presented SoR reflects the combined data.

Code	RVW	Pre	Intra	Post	IWPUT
X6	1.25	0	15	0	0.070
X4	1.84	10	15	9	0.094
X3	1.90	15	15	15	0.104

<u>Comparator Codes</u>

Code	RVW	Pre	Intra	Post	IWPUT
54150	1.90	25	15	5	0.082

Circumcision with regional nerve block

Code	RVW	Pre	Intra	Post	IWPUT
64483	1.90	24	15	10	0.076

Injection(s), anesthetic agent, lumbar or sacral

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. This code would be reported any time a different physician than the one performing the underlying procedure provides moderate sedation.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99148

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 Emergency Medicine How often? Commonly

Specialty Pediatrics 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.

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.

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:
Anesthesia

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

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. 99205

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:991X4 Tracking Number II5 Original Specialty Recommended RVU: **2.48**
Presented Recommended RVU: **1.84**
Global Period: XXX RUC Recommended RVU: **1.84**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient five years of age or older undergoes a procedure that requires a physician other than the physician providing the procedure, to provide moderate sedation to complete the procedure safely and with minimal emotional trauma. The physician or other qualified health care professional providing the moderate sedation personally monitors the patient's level of consciousness and physiologic status throughout the procedure.

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: The sedation process, including risks and benefits, is explained to the patient, family, and/or legal guardian, and consent is obtained. The physician providing sedation performs and documents a patient assessment to assure that moderate sedation can be safely provided outside of an operating room setting. This assessment involves a medical history review (eg, current medications, allergies, prior medical and surgical history, response to any previous sedative or analgesic agents, time since the most recent meal, etc.), as well as a physical exam with emphasis on underlying pathology that might negatively impact the induction with or recovery from sedating agents. Based upon the patient's age, presenting problem(s), medical history, examination, and the type of sedation-supported procedure and its projected duration, the physician determines the appropriate sedating agent(s), route of administration, and respective dosage to be used. The patient is verbally prepared for the sedation procedure. The physician directs that monitoring technology be implemented as needed. The availability and appropriate functioning of any materiel necessary for cardiorespiratory intervention are confirmed.

Description of Intra-Service Work: Administration of the sedating agent, with or without an analgesic, is initiated. The patient is observed until a safe and effective level of moderate sedation is achieved. The physician continuously face-to-face assesses the patient's level of consciousness and physiological status throughout performance of the supported procedure. Additional doses of sedating agent are ordered by the physician, as needed to maintain the achieved level of sedation for the supported procedure.

CPT Code: 991X4

Description of Post-Service Work: The physician providing sedation determines the appropriate patient care management. The physician reassesses the patient's clinical condition to assure that the patient has returned to the pre-sedation level of consciousness. This assessment is documented in the medical record, and discharge instructions are provided for the patient, family, and/or legal guardian.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ethan Booker, MD and Steve Krug, MD				
Specialty(s):	ACEP and AAP				
CPT Code:	991X4				
Sample Size:	1163	**Resp N:** 31	**Response:** 2.6 %		
Description of Sample:	Random samples from ACEP (499) and AAP (664)				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	15.00	**20.00**	50.00	500.00
Survey RVW:	0.18	1.84	**2.48**	3.00	5.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**20.00**	30.00	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:	**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:	991X4	**Recommended Physician Work RVU: 1.84**		
		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:	**9.00**	**0.00**	**9.00**

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
99284	XXX	2.56	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99283	XXX	1.34	**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
36556	000	2.50	**RUC Time**	467,977

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
00410	XXX	4.00	**Other**

CPT Descriptor Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias

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:** 51.6 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 9.6 **%**

TIME ESTIMATES (Median)	**CPT Code:** 991X4	**Top Key Reference CPT Code:** 99284	**2nd Key Reference CPT Code:** **99283**
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	15.00	25.00	18.00
Median Immediate Post-service Time	9.00	10.00	7.00
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	**34.00**	**40.00**	**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	0.06	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	-0.67
Urgency of medical decision making	0.38	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.69	0.67
Physical effort required	0.56	0.33
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.13	1.00
Outcome depends on the skill and judgment of physician	0.88	1.33
Estimated risk of malpractice suit with poor outcome	1.31	1.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.75	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.

This code replaces the previous code 99149, which has the same descriptor of work but specifies 30 minutes of intra-service time. 99149 was carrier priced and AMA staff has confirmed that a change in value does not require compelling evidence.

We performed a random survey of members of AAP and ACEP and have 31 responses. The 50th percentile for times for pre and post service are 15 minutes. The median intra-service time from our survey is 20 minutes.

We believe and our reviewers also suggest, that the intra-service descriptor defines a length of time for the code and would therefore recommend 15 minutes of intra-service time, which matches our 25th percentile. In response to reviewer comments, we also recommend the 25th percentile for pre time, at 10 minutes and post time at 9 minutes and the 25th percentile for work at 1.84.

Sedation of the acutely ill or injured patient, with a separate provider for procedure and sedation, which is the experience of our survey respondents entails a different set of risks and work than the scheduled, prepared patient undergoing a diagnostic procedure. As one example, the ED patient is rarely fasting, in fact a full stomach, intoxication, and uncontrolled co-morbid conditions are not unusual in an injured adult. Also, the physiology of the acutely injured patient is different than the prepared patient in that the high adrenergic state of the acutely injured or ill patient requires careful consideration for appropriate dosing and agent selection. Whereas in the planned sedation a certain dose of an opiate may be sufficient, in a patient with severe pain from dislocated joint or displaced fracture, a much larger dose may be required or sedation may be occurring after analgesia has been given. Also, in the scheduled diagnostic procedure, the induction of sedation is the high intensity portion of the service, in the emergency department patient requiring sedation, there are 3 phases of intensity. One, safe induction of sedation, two the maintenance of adequate sedation for a painful or otherwise stressful procedure, and lastly and unique to the situation described above is careful monitoring of the patient after the procedure has been done. This phase of care occurs in a time period in which the adrenergic state of acute injury, that is the joint dislocation, displaced fracture, or pus under pressure from abscess is now relieved but the pharmacologic effects of medications given at sufficient dose to overcome the adrenergic state are still present. In practice, the physiology of the patient the provider sedated may be much different after the supported procedure has been completed and while that the procedure is complete the patient may be at even greater risk of harm due to the presence of analgesic and sedating agents given at sufficient dose to overcome severe pain and the adrenaline surge associated with the injury which has been treated.

Similar to surveys for other moderate sedation services we did notice a difference in distribution between societies; therefore survey data separated by specialty and in combined format were distributed for your review. Our presented SoR reflects the combined data.

Code	RVW	Pre	Intra	Post	IWPUT
X6	1.25	0	15	0	0.070
X4	1.84	10	15	9	0.094
X3	1.90	15	15	15	0.104

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. This code would be reported any time a different physician than the one performing the underlying procedure provides moderate sedation.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99149

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 Emergency Medicine How often? Commonly

Specialty Pediatrics 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.

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.

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:
Anesthesia

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

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. 99205

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:991X6 Tracking Number II6 Original Specialty Recommended RVU: **1.73**
Presented Recommended RVU: **1.25**
Global Period: ZZZ RUC Recommended RVU: **1.25**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient undergoes a procedure that requires a physician other than the physician providing the procedure, to provide moderate sedation to complete the procedure safely and with minimal emotional trauma. The physician or other qualified health care professional providing the moderate sedation personally monitors the patient's level of consciousness and physiologic status throughout the procedure.

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:

Description of Intra-Service Work: The patient is closely monitored by the sedating physician and additional doses of sedating and/or analgesic agent(s) are delivered as needed. The sedating physician's intra-service time ends when the procedure is complete, the patient is physiologically stable, and face-to-face time with the sedating physician is no longer required.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Ethan Booker, MD and Steve Krug, MD				
Specialty(s):	ACEP and AAP				
CPT Code:	991X6				
Sample Size:	1166	**Resp N:** 30	**Response:** 2.5 %		
Description of Sample:	Random samples from ACEP (499) and AAP (664)				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.50	**20.00**	57.50	150.00
Survey RVW:	0.20	1.25	**1.73**	2.55	5.00
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	**17.50**	30.00	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)

ZZZ Global Code

CPT Code:	991X6	**Recommended Physician Work RVU: 1.25**		
		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:		**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)

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
99284	XXX	2.56	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99359	ZZZ	1.00	**RUC Time**

CPT Descriptor Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

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
36556	000	2.50	**RUC Time**	467,977

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

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
00410	XXX	4.00	**Other**

CPT Descriptor Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias

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:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 23.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 991X6	Top Key Reference CPT Code: 99284	2nd Key Reference CPT Code: **99359**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	15.00	25.00	30.00
Median Immediate Post-service Time	0.00	10.00	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	**15.00**	**40.00**	**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	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.43

Urgency of medical decision making	0.22	1.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.44	1.43
Physical effort required	0.22	0.71

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.89	1.71
Outcome depends on the skill and judgment of physician	0.89	1.43
Estimated risk of malpractice suit with poor outcome	0.89	1.71

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.78	1.14

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.

This code replaces the previous code 99150, which has the same descriptor of work but specifies 30 minutes of intra-service time. 99150 was carrier priced and AMA staff has confirmed that a change in value does not require compelling evidence.

The survey had 30 respondents with a median work RVU of 1.73 on times of 0/15/0. Pre-facilitation felt the 25th percentile was a more accurate value and we accept that value of 1.25 with times of 0/15/0.

Code	RVW	Pre	Intra	Post	IWPUT
X6	1.25	0	15	0	0.070
X4	1.84	10	15	9	0.094
X3	1.90	15	15	15	0.104

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. This code would be reported as an add-on code for each additonal 15 minutes of intra-service time when a different physician than the one performing the underlying procedure provides moderate sedation.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99150

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 Emergency Medicine How often? Commonly

Specialty Pediatrics 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.

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.

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:
Anesthesia

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

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. 99205

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	ISSUE:	Moderate Sedation 9921X1-X2																		
13	TAB:	14																		
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF 1	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative anmiotic fluid volume), 1 or more fetuses	19	0.077			0.65			15.5	5					6			5
17	REF 2	999212	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.	11	0.035			0.48			16	2					10			4
18	CURRENT				#DIV/0!						0									
19	SVY	991X1	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age	61	0.018	0.20	0.50	0.60	0.80	5.00	30				5	15	15	30	60	15
20	AAP	991X1		13	0.031	0.05	0.54	0.80	1.25	4.00	30				2	15	15	30	45	15
21	ASA	991X1		1	0.032	0.80	0.80	0.80	0.80	0.80	27				20	20	20	20	20	7
22	ACR	991X1		18	0.018	0.25	0.59	0.65	0.70	1.50	32.5				5	15	18	30	60	15
23	Cardiology	991X1		8	0.012	0.25	0.43	0.50	0.65	5.00	30.5				10	14	18	30	60	12.5
24	Chest/ATS	991X1		9	0.014	0.20	0.50	0.55	0.70	0.75	30				6	15	15	20	40	15
25	SIR	991X1		15	0.024	0.20	0.45	0.58	0.78	1.50	25				5	10	15	20	30	10
26	REC	991X1			0.011			0.50			30						15			15
27																				
28	REF 1	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.	93	0.035			0.48			16	2					10			4
29	REF 2	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	64	0.024			0.21			9	2					5			2
30	CURRENT				#DIV/0!						0									
31	SVY	991X2	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient 5 years or older	391	0.042	0.02	0.25	0.50	0.65	100.00	12				1	7	12	19	60	
32	AAP	991X2		13	0.033	0.01	0.41	0.50	0.84	2.00	15				1	10	15	20	45	
33	ASA	991X2		17	0.050	0.17	0.60	0.75	1.00	100.00	15				4	5	15	15	30	
34	ACR	991X2		18	0.042	0.21	0.52	0.63	0.65	1.50	15				5	11	15	22	45	
35	Cardiology	991X2		116	0.033	0.10	0.35	0.50	1.00	100.00	15				1	10	15	20	60	
36	Chest/ATS	991X2		40	0.037	0.10	0.39	0.55	0.63	1.00	15				4	12	15	20	40	
37	GI	991X2		100	0.040	0.02	0.10	0.20	0.42	6.40	5				1	4	5	10	30	
38	SIR	991X2		24	0.052	0.20	0.42	0.52	0.71	1.65	10				5	10	10	15	30	
39	SVS	991X2		63	0.048	0.20	0.30	0.48	0.52	0.75	10				1	10	10	15	30	
40	REC	991X2			0.021			0.25			12						12			

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
12	**ISSUE:** Moderate Sedation X3-X4-X6																																							
13	**TAB:** 14																																							
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
15	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
16	REF	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.		0.089			2.56			40	5					25			10																					
17	CURRENT				#DIV/0!						0																													
18	SVY	991X3	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 younger than 5 years of age	37	0.076	0.75	1.30	2.20	2.90	4.73	50	15			10	15	20	30	150	15																				
19	AAP	991X3		26	0.051	0.75	1.05	1.63	2.50	4.73	47.50	15			15	20	20	30	90	12.50																				
20	ACEP	991X3		11	0.074	1.00	2.41	2.90	3.73	4.12	60	15			10	15	30	37.50	150	15																				
21	REC	991X3	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 younger than 5 years of age		0.082			1.90			45	15					15			15																				

SS Rec Summary

ISSUE: Moderate Sedation X3-X4-X6

TAB: 14

	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
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
15	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
16	REF	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.		0.089			2.56			40	5					25			10																					
17	CURRENT				#DIV/0!						0																													
18	SVY	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	31	0.090	0.18	1.84	2.48	3.00	5.00	50	15			10	15	20	30	150	15																				
19	AAP	991X4		21	0.053	0.18	1.50	2.00	2.51	5.00	55	15			15	15	25	30	80	15																				
20	ACEP	991X4		10	0.155	2.00	2.57	3.00	3.81	5.00	45	15			10	11.25	15	18.75	150	15																				
21	REC	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		0.094			1.84			34	10					15			9																				

SS Rec Summary

ISSUE: Moderate Sedation X3-X4-X6

TAB: 14

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
REF	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.		0.089			2.56			40	5					25			10																				
CURRENT				#DIV/0!						0																													
SVY	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 of intra-service time (List separately in addition to code for primary service)	30	0.099	0.20	1.25	1.73	2.55	5.00	18				10	15	18	30	90																					
AAP	991X6		20	0.085	0.20	1.05	1.48	2.25	5.00	18				12	15	18	30	90																					
ACEP	991X6		10	0.100	1.25	2.03	2.25	2.55	5.00	23				10	15	23	30	90																					
REC	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 of intra-service time (List separately in addition to code for primary service)		0.083			1.25			15						15																							

Tab 4 Percutaneous Biliary Procedures Bundling (47531-47544)
Tab 5 Intracranial Endovascular Intervention (61460 – 61462)
Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 13 Fluoroscopic Guidance (77001-77003)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

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

9/04/2015
Date

Tab 12 Abdominal Aorta Ultrasound Screening (767X1)
Tab 14 Moderate Sedation Services (991X1X-991X4X)

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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

9/04/2015
Date

14
Tab Number

Moderate Sedation Services
Issue

(991X1X-991X4X)
Code Range

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Signature

Clifford J. Kavinsky, MD, PhD, FSCAI

Printed Signature

Society for Cardiovascular Angiography and Interventions

Specialty Society

9/8/15

Date

Tab Number	Issue	Code Range
4	Percutaneous Biliary Procedures Bundling	475XX1-475XX14
5	Intracranial Endovascular Intervention	61640-61642
12	Abdominal Aorta Ultrasound Screening	767X1
13	Fluoroscopic Guidance	77001-77003
14	Moderate Sedation Services	991X1X-991X2X

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

4
5
12
13
14
Tab Number

Percutaneous Biliary Procedures Bundling
Intracranial Endovascular Intervention
Abdominal Aorta Ultrasound Screening
Fluoroscopic Guidance
Moderate Sedation Services
Issue

475XX1-475XX14
61640-61642
767X1
77001-77003
991X1X-991X2X
Code Range

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Signature

Ezequiel Silva, III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

September 8, 2015
Date

14
Tab Number

Reduced Moderate Sedation Services
Issue

991X1X-991X6X
Code Range

Attestation Statement

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Signature

Steven E. Krug, MD, FAAP
Printed Signature

American Academy of Pediatrics (AAP)
Specialty Society

7/21/15
Date

14
Tab Number

Moderate Sedation
Issue

99X1X-99X6X
Code Range

Attestation Statement

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Signature

Ethan A. Booker, MD

Printed Signature

ACEP

Specialty Society

9/2/2015

Date

14
Tab Number

Moderate Sedation
Issue

991X2X
Code Range

Attestation Statement

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Signature

Mark Schoenfeld, MD, FHRS

Printed Signature

Heart Rhythm Society

Specialty Society

Date Sept. 8, 2015

14
Tab Number

Moderate Sedation
Issue

9921X1X-9921X6X
Code Range

Attestation Statement

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Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

9/4/15
Date

14
Tab Number

Moderate Sedation
Issue

991X2X
Code Range

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 08, 2015
Date

14
Tab Number

Moderate Sedation
Issue

991X2X
Code Range

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Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

September 8, 2015
Date

___14___
Tab Number

Moderate Sedation
Issue

991X1X, 991X2X
Code Range

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_____
Signature

___Robert DeMarco, MD_____
Printed Signature

American College of Chest Physicians
_____
Specialty Society

September 4, 2015
_____
Date

___14___
Tab Number

Moderate Sedation
Issue

991X1X, 991X2X
Code Range

Attestation Statement

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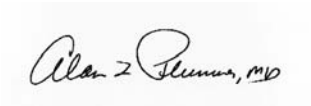

_____
Signature

___Alan Plummer, MD_____
Printed Signature

American Thoracic Society
_____
Specialty Society

September 4, 2015
_____
Date

14
Tab Number

Moderate Sedation Services
Issue

991X2X
Code Range

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Signature

Shivan Mehta, MD

Printed Signature

American Gastroenterological Association

Specialty Society

September 8, 2015

Date

14
Tab Number

Moderate Sedation Services
Issue

991X2X
Code Range

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Signature

R. Bruce Cameron, MD

Printed Signature

American College of Gastroentrology

Specialty Society

September 8, 2015

Date

14
Tab Number

Moderate Sedation Services
Issue

991X2X
Code Range

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Signature

Dawn Francis, MD

Printed Signature

American Gastroenterological Association

Specialty Society

September 8, 2015

Date

14
Tab Number

Moderate Sedation Services
Issue

991X2X
Code Range

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Signature

Seth Gross, MD

Printed Signature

American Society for Gastrointestinal Endoscopy

Specialty Society

September 8, 2015

Date

14
Tab Number

Moderate Sedation Services
Issue

991X2X
Code Range

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Signature

Vivek Kaul, MD

Printed Signature

American Society for Gastrointestinal Endoscopy

Specialty Society

September 8, 2015

Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

991X1 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; younger than 5 years of age, 15 minutes intra-service time

991X2 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older

991X5 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; each additional 15 minutes of intra-service time (List separately in addition to code for primary service)

Global Period:_XXX (x1, x2) ZZZ (x5) Meeting Date: October 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:
Joint society expert panel including RUC advisors was formed to provide PE inputs and discussed over e-mail and conference calls.
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 moderate sedation inputs listed.
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Does not apply.
4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Does not apply.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: See Individual Code for Details

2 minutes Sedate/apply anesthesia

Intra-Service Clinical Labor Activities:

15 minutes assist physician moderate sedation

Post-Service Clinical Labor Activities:

15 minutes monitor pt. following moderate sedation

	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 #**		**CPT Code # 991X1**		**CPT Code # 991X2**	
3	**Meeting Date: October 2015 Tab: 14 Moderate Sedation Services Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	**RUC Standard Package for Moderate Sedation**		Moderate sedation services provided by the same physician or other qualified health care professional performing the		Moderate sedation services provided by the same physician or other qualified health care professional performing the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**2.0**	**0.0**	**32.0**	**0.0**	**32.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**2.0**	**0.0**	**32.0**	**0.0**	**32.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**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	**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	L051A	RN	**2**		**2**		**2**	
28	Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)	L051A	RN			**15**		**15**	
32	**Post-Service**								
33	Monitor pt. following moderate sedation	L051A	RN			**15**		**15**	
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**	
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 #**		**CPT Code # 991X1**		**CPT Code # 991X2**	
3	**Meeting Date: October 2015** **Tab: 14 Moderate Sedation Services** **Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	**RUC Standard Package for Moderate Sedation**		Moderate sedation services provided by the same physician or other qualified health care professional performing the		Moderate sedation services provided by the same physician or other qualified health care professional performing the	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**
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, moderate sedation (contains the following)	SA044	pack			**1**		**1**	
60	angiocatheter 14g-24g		1	**1**					
61	bandage, strip 0.75in x 3in		1	**1**					
62	catheter, suction		1	**1**					
63	dressing, 4in x 4.75in (Tegaderm)		1	**1**					
64	electrode, ECG (single)		3	**3**					
65	electrode, ground		1	**1**					
66	gas, oxygen		200L	**200L**					
67	gauze, sterile 4in x 4in		4	**4**					
68	gloves, sterile		1	**1**					
69	gown, surgical, sterile		1	**1**					
70	iv infusion set		1	**1**					
71	kit, iv starter		1	**1**					
72	oxygen mask (1) and tubing (7ft)		1	**1**					
73	pulse oximeter sensor probe wrap		1	**1**					
74	stop cock, 3-way		1	**1**					
75	swab-pad, alcohol		2	**2**					
76	syringe 1ml		1	**1**					
77	**EQUIPMENT**	**CODE**							
78	table, instrument, mobile	EF027		**Formula = Line 27 + Line 31 + (Line 33*4)**		**77**		**77**	
79	ECG, 3 channel (with Sp02, NIBP, temp, resp)	EQ011				**77**		**77**	
80	Stretcher	EF018				**77**		**77**	
81	IV infusion pump	EQ032				**77**		**77**	

	A	B	C	J	K	L	M	N	O
1									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code # +991X5**		**CPT Code # 991X3 Facility Only**		**CPT Code # 991X4 Facility Only**	
3	**Meeting Date: October 2015 Tab: 14 Moderate Sedation Services Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	Moderate sedation services provided by the same physician or other qualified health care professional performing the		Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other		Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**15.0**	**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**
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								
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	L051A	RN			0		0	
28	Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)	L051A	RN	**15**		0		0	
32	**Post-Service**								
33	Monitor pt. following moderate sedation	L051A	RN			0		0	
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**	
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	J	K	L	M	N	O
1									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code # +991X5**		**CPT Code # 991X3 Facility Only**		**CPT Code # 991X4 Facility Only**	
3	**Meeting Date: October 2015** **Tab: 14 Moderate Sedation Services** **Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	Moderate sedation services provided by the same physician or other qualified health care professional performing the		Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other		Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**
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, moderate sedation (contains the following)	SA044	pack			0		0	
60	angiocatheter 14g-24g		1						
61	bandage, strip 0.75in x 3in		1						
62	catheter, suction		1						
63	dressing, 4in x 4.75in (Tegaderm)		1						
64	electrode, ECG (single)		3						
65	electrode, ground		1						
66	gas, oxygen		200L						
67	gauze, sterile 4in x 4in		4						
68	gloves, sterile		1						
69	gown, surgical, sterile		1						
70	iv infusion set		1						
71	kit, iv starter		1						
72	oxygen mask (1) and tubing (7ft)		1						
73	pulse oximeter sensor probe wrap		1						
74	stop cock, 3-way		1						
75	swab-pad, alcohol		2						
76	syringe 1ml		1						
77	**EQUIPMENT**	**CODE**							
78	table, instrument, mobile	EF027		**15**		**0**		**0**	
79	ECG, 3 channel (with Sp02, NIBP, temp, resp)	EQ011		**15**		**0**		**0**	
80	Stretcher	EF018		**15**		**0**		**0**	
81	IV infusion pump	EQ032		**15**		**0**		**0**	

	A	B	C	P	Q
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code # +991X6 Facility Only**	
3	**Meeting Date: October 2015 Tab: 14 Moderate Sedation Services Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**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				
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	L051A	RN		
28	Other Clinical Activity - specify:				
29	**Intra-service**				
30	Assist physician in performing procedure				
31	Assist physician/moderate sedation (% of physician time)	L051A	RN	**0**	
32	**Post-Service**				
33	Monitor pt. following moderate sedation	L051A	RN		
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**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	
45	**End: Patient leaves office**				

	A	B	C	P	Q
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code # +991X6 Facility Only**	
3	**Meeting Date: October 2015** **Tab: 14 Moderate Sedation Services** **Specialty: AAP, AAOMS, ACC, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, CHEST, SIR, SVS, SCAI, HRS**	**CMS Code**	**Staff Type**	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**
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**
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**
56	Other Clinical Activity - *specify:*				
57	**End: with last office visit before end of global period**				
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**		
59	pack, moderate sedation (contains the following)	SA044	pack		
60	angiocatheter 14g-24g		1		
61	bandage, strip 0.75in x 3in		1		
62	catheter, suction		1		
63	dressing, 4in x 4.75in (Tegaderm)		1		
64	electrode, ECG (single)		3		
65	electrode, ground		1		
66	gas, oxygen		200L		
67	gauze, sterile 4in x 4in		4		
68	gloves, sterile		1		
69	gown, surgical, sterile		1		
70	iv infusion set		1		
71	kit, iv starter		1		
72	oxygen mask (1) and tubing (7ft)		1		
73	pulse oximeter sensor probe wrap		1		
74	stop cock, 3-way		1		
75	swab-pad, alcohol		2		
76	syringe 1ml		1		
77	**EQUIPMENT**	**CODE**			
78	table, instrument, mobile	EF027		**0**	
79	ECG, 3 channel (with Sp02, NIBP, temp, resp)	EQ011		**0**	
80	Stretcher	EF018		**0**	
81	IV infusion pump	EQ032		**0**	

RUC-Approved Methodology for Unbundling Moderate Sedation Work RVUs from Appendix G

Projected 2016 Appendix G Utilization*	Total Projected Medicare Utilization from 2016 Appendix G Codes for 991X2X*	Appendix G Weighted Moderate Sedation Percentage*	Projected 2016 Utilization from All Other Codes**	Total Projected Utilization for 991X2X
10,083,033	5,776,686	57.3%	531,805	6,308,491

*All 2016 Appendix G CPT Category 1 Codes with 000-day, 010-day, 090-day, XXX Global Periods

**2014 Utilization for Existing CPT Code 99144 *Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional; age 5 years or older, first 30*

Budget Neutral Work RVU to remove from Appendix G 000-day, 010-day 090-day and XXX Codes

	Appendix G: Codes with Pre-time Package 1B	Appendix G: Codes with Pre-time Package 2B	Codes outside of Appendix G
Hypothetical RUC Recommended Work RVU for 991X2X:	0.25		
Total Projected Utilization for 991X2X	2,608,317	3,168,319	531,805
Total Projected Change in Work RVUs *(accounting for existing allowed charges for 99144)*	1,296,951		
Total Projected Utilization in Appendix G *(Excluding Add-on and Cat III codes)*	5,479,361	4,603,622	
Pontential Budget Neutral Work RVU to Back Out per Code in Appendix G *(Excluding Add-on and Cat III codes)*	**0.09**	**0.18**	

RUC Physician Time Recommendations for Appendix G Services

CPT Code	Short Descriptor	Global	Pre-time packages *(including proxies as assigned by the RUC in April 2015)*	RUC Time Source	Pre-Service Eval Time	Recommended Pre-Service Eval Time (after deduction)	Pre-Service Positioning Time	Pre-Service Scrub-Dress-Wait	Intra-Service Time	Immediate Post Service Time	Total Time	Recommended Total Time (after deduction)
10030	GUIDE CATHET FLUID DRAINAGE	XXX	1b	RUC	21	16	5	5	30	20	81	76
19298	PLACE BREAST RAD TUBE/CATHS	000	1b	RUC	30	25	15	15	60	30	169	164
20982	ABLATE BONE TUMOR(S) PERQ	000	2b	RUC	23	13	15	10	80	30	158	148
20983	ABLATE BONE TUMOR(S) PERQ	000	2b	RUC	40	30	15	5	115	25	200	190
22510	PERQ CERVICOTHORACIC INJECT	010	2b	RUC	33	23	15	5	45	20	160	150
22511	PERQ LUMBOSACRAL INJECTION	010	2b	RUC	33	23	15	5	45	20	160	150
22512	VERTEBROPLASTY ADDL INJECT	ZZZ	ZZZ	RUC		no change	1		30	1	32	no change
22513	PERQ VERTEBRAL AUGMENTATION	010	2b	RUC	33	23	15	5	50	20	165	155
22514	PERQ VERTEBRAL AUGMENTATION	010	2b	RUC	33	23	15	5	45	20	160	150
22515	PERQ VERTEBRAL AUGMENTATION	ZZZ	ZZZ	RUC		no change	1		30	1	32	no change
22526	IDET SINGLE LEVEL	010	2b	RUC	30	20	15	15	45	15	155	145
22527	IDET 1 OR MORE LEVELS	ZZZ	ZZZ	RUC		no change			45		45	no change
31615	VISUALIZATION OF WINDPIPE	000	1b	Harvard	13	8		25	20	14	72	67
31622	DX BRONCHOSCOPE/WASH	000	1b	RUC	13	8	3	5	30	15	66	61
31623	DX BRONCHOSCOPE/BRUSH	000	1b	RUC	20	15			30	20	70	65
31624	DX BRONCHOSCOPE/LAVAGE	000	1b	RUC	20	15			30	20	70	65
31625	BRONCHOSCOPY W/BIOPSY(S)	000	1b	RUC	15	10	3	5	35	15	73	68
31626	BRONCHOSCOPY W/MARKERS	000	1b	RUC	15	10	3	5	45	20	88	83
31627	NAVIGATIONAL BRONCHOSCOPY	ZZZ	ZZZ	RUC		no change			60		60	no change
31628	BRONCHOSCOPY/LUNG BX EACH	000	1b	RUC	15	10	3	5	40	20	83	78
31629	BRONCHOSCOPY/NEEDLE BX EACH	000	1b	RUC	15	10	3	5	35	20	78	73
31632	BRONCHOSCOPY/LUNG BX ADDL	ZZZ	ZZZ	RUC	0	no change	0	0	18	0	18	no change
31633	BRONCHOSCOPY/NEEDLE BX ADDL	ZZZ	ZZZ	RUC	0	no change	0	0	20	0	20	no change
31634	BRONCH W/BALLOON OCCLUSION	000	1b	RUC	19	14	1	5	45	20	90	85
31635	BRONCHOSCOPY W/FB REMOVAL	000	1b	Harvard	18	13		25	39	19	101	96
31645	BRONCHOSCOPY CLEAR AIRWAYS	000	1b	Harvard	22	17		25	43	16	106	101
31646	BRONCHOSCOPY RECLEAR AIRWAY	000	1b	Harvard	17	12		25	31	18	91	86
31647	BRONCHIAL VALVE INIT INSERT	000	1b	RUC	19	14	1	5	60	30	115	110
31648	BRONCHIAL VALVE REMOV INIT	000	1b	RUC	19	14	1	5	45	30	100	95
31649	BRONCHIAL VALVE REMOV ADDL	ZZZ	ZZZ	RUC		no change			30		30	no change
31651	BRONCHIAL VALVE ADDL INSERT	ZZZ	ZZZ	RUC		no change			30		30	no change
31652	BRONCH EBUS SAMPLNG 1/2 NOD	000	1b	RUC	19	14	3	5	60	25	112	107
31653	BRONCH EBUS SAMPLNG 3/> NOD	000	1b	RUC	19	14	3	5	75	25	127	122
31654	BRONCH EBUS IVNTJ PERPH LES	ZZZ	ZZZ	RUC	0	no change	0	0	30	0	30	no change
31660	BRONCH THERMOPLSTY 1 LOBE	000	1b	RUC	19	14	1	5	50	30	105	100
31661	BRONCH THERMOPLSTY 2/> LOBE	000	1b	RUC	19	14	1	5	60	30	115	110
31725	CLEARANCE OF AIRWAYS	000	2b	Harvard	12	2		15	21	11	59	49
32405	PERCUT BX LUNG/MEDIASTINUM	000	1b	RUC	19	14	1	5	30	20	75	70
32550	INSERT PLEURAL CATH	000	1b	RUC	15	10	15	10	30	20	90	85
32551	INSERTION OF CHEST TUBE	000	2b	RUC	30	20	3	10	20	20	83	73
32553	INS MARK THOR FOR RT PERQ	000	2b	RUC	19	9	1	5	45	20	90	80
33010	DRAINAGE OF HEART SAC	000	1b	Harvard	14	9		15	24	27	80	75
33011	REPEAT DRAINAGE OF HEART SA	000	1b	Harvard	14	9		25	26	18	83	78
33206	INSERT HEART PM ATRIAL	090	1b	Harvard	19	14	15	25	59	23	253.5	248.5
33207	INSERT HEART PM VENTRICULAR	090	1b	RUC	15	10	12.5	20	60	30	238.5	233.5
33208	INSRT HEART PM ATRIAL & VEN	090	1b	RUC	15	10	15	15	60	30	236	231
33210	INSERT ELECTRD/PM CATH SNGL	000	2b	RUC	30	20			30	30	90	80
33211	INSERT CARD ELECTRODES DUAL	000	2b	RUC	60	50			45	45	150	140
33212	INSERT PULSE GEN SNGL LEAD	090	1b	RUC	15	10	1	6	45	20	129	124

RUC Physician Time Recommendations for Appendix G Services

CPT Code	Short Descriptor	Global	Pre-time packages *(including proxies as assigned by the RUC in April 2015)*	RUC Time Source	Pre-Service Eval Time	Recommended Pre-Service Eval Time (after deduction)	Pre-Service Positioning Time	Pre-Service Scrub-Dress-Wait	Intra-Service Time	Immediate Post Service Time	Total Time	Recommended Total Time (after deduction)
33213	INSERT PULSE GEN DUAL LEADS	090	1b	RUC	15	10	1	6	46	20	130	125
33214	UPGRADE OF PACEMAKER SYSTEM	090	2b	RUC	60	50			120	60	272	262
33216	INSERT 1 ELECTRODE PM-DEFIB	090	2b	RUC	60	50			90	90	272	262
33217	INSERT 2 ELECTRODE PM-DEFIB	090	2b	RUC	60	50			120	60	272	262
33218	REPAIR LEAD PACE-DEFIB ONE	090	2b	RUC	60	50			90	60	256	246
33220	REPAIR LEAD PACE-DEFIB DUAL	090	2b	RUC	60	50			120	60	286	276
33221	INSERT PULSE GEN MULT LEADS	090	1b	RUC	15	10	1	6	50	20	134	129
33222	RELOCATION POCKET PACEMAKER	090	1b	RUC	60	55			112	60	280	275
33223	RELOCATE POCKET FOR DEFIB	090	1b	RUC	53	48			90	60	235	230
33227	REMOVE&REPLACE PM GEN SINGL	090	1b	RUC	15	10	1	6	45	20	129	124
33228	REMV&REPLC PM GEN DUAL LEAD	090	1b	RUC	15	10	1	6	50	20	134	129
33229	REMV&REPLC PM GEN MULT LEAD	090	1b	RUC	15	10	1	6	60	20	144	139
33230	INSRT PULSE GEN W/DUAL LEAD	090	1b	RUC	15	10	3	15	60	20	155	150
33231	INSRT PULSE GEN W/MULT LEAD	090	1b	RUC	15	10	3	15	60	20	155	150
33233	REMOVAL OF PM GENERATOR	090	2b	RUC	45	35			53	30	160	150
33234	REMOVAL OF PACEMAKER SYSTEM	090	2b	RUC	60	50			150	60	302	292
33235	REMOVAL PACEMAKER ELECTRODE	090	2b	RUC	60	50			170	60	370	360
33240	INSRT PULSE GEN W/SINGL LEA	090	1b	RUC	15	10	3	15	45	20	140	135
33241	REMOVE PULSE GENERATOR	090	2b	RUC	45	35			60	60	181	171
33244	REMOVE ELCTRD TRANSVENOUSLY	090	2b	RUC	60	50			180		320	310
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	090	2b	RUC	60	50			120		249	239
33262	RMVL& REPLC PULSE GEN 1 LEA	090	1b	RUC	15	10	3	15	60	20	155	150
33263	RMVL & RPLCMT DFB GEN 2 LEA	090	1b	RUC	15	10	3	15	60	20	155	150
33264	RMVL & RPLCMT DFB GEN MLT L	090	1b	RUC	15	10	3	15	60	20	155	150
33282	IMPLANT PAT-ACTIVE HT RECOR	090	1b	RUC	19	14	1	5	25	15	107	102
33284	REMOVE PAT-ACTIVE HT RECORD	090	1b	RUC	19	14	1	5	20	10	97	92
33990	INSERT VAD ARTERY ACCESS	XXX	2b	RUC	39	29	1	5	60	40	145	135
33991	INSERT VAD ART&VEIN ACCESS	XXX	2b	RUC	54	44	1	5	90	45	195	185
33992	REMOVE VAD DIFFERENT SESSIO	XXX	2b	RUC	24	14	1	5	45	30	105	95
33993	REPOSITION VAD DIFF SESSION	XXX	2b	RUC	24	14	1	5	30	30	90	80
35471	REPAIR ARTERIAL BLOCKAGE	000	2b	RUC		N/A			90	140	230	220
35472	REPAIR ARTERIAL BLOCKAGE	000	2b	RUC		N/A			85	93	178	168
35475	REPAIR ARTERIAL BLOCKAGE	000	1b	RUC	17	12	4	5	43	23	92	87
35476	REPAIR VENOUS BLOCKAGE	000	1b	RUC	17	12	4	5	35	20	81	76
36010	PLACE CATHETER IN VEIN	XXX	2b	Harvard		N/A			26		26	16
36140	ESTABLISH ACCESS TO ARTERY	XXX	2b	Harvard		N/A			25		25	15
36147	ACCESS AV DIAL GRFT FOR EVA	XXX	2b	RUC	20	10			45	15	80	70
36148	ACCESS AV DIAL GRFT FOR PRO	ZZZ	ZZZ	RUC		no change			15		15	no change
36200	PLACE CATHETER IN AORTA	000	2b	RUC	33	23	3	5	30	20	91	81
36221	PLACE CATH THORACIC AORTA	000	2b	Revised	40	30	3	5	30	30	108	98
36222	PLACE CATH CAROTID/INOM ART	000	2b	Revised	40	30	3	5	40	30	118	108
36223	PLACE CATH CAROTID/INOM ART	000	2b	Revised	40	30	3	5	45	30	123	113
36224	PLACE CATH CAROTD ART	000	2b	Revised	40	30	3	5	50	30	128	118
36225	PLACE CATH SUBCLAVIAN ART	000	2b	Revised	40	30	3	5	45	30	123	113
36226	PLACE CATH VERTEBRAL ART	000	2b	Revised	40	30	3	5	50	30	128	118
36227	PLACE CATH XTRNL CAROTID	ZZZ	ZZZ	RUC		no change			15		15	no change
36228	PLACE CATH INTRACRANIAL ART	ZZZ	ZZZ	RUC		no change			30		30	no change
36245	INS CATH ABD/L-EXT ART 1ST	XXX	2b	RUC	33	23	3	5	45	20	106	96
36246	INS CATH ABD/L-EXT ART 2ND	000	2b	RUC	33	23	3	5	45	20	106	96

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36247	INS CATH ABD/L-EXT ART 3RD	000	2b	RUC	33	23	3	5	60	30	131	121
36248	INS CATH ABD/L-EXT ART ADDL	ZZZ	ZZZ	Harvard		no change			14		14	no change
36251	INS CATH REN ART 1ST UNILAT	000	2b	RUC	33	23	3	5	45	30	116	106
36252	INS CATH REN ART 1ST BILAT	000	2b	RUC	33	23	3	5	53	30	124	114
36253	INS CATH REN ART 2ND+ UNILA	000	2b	RUC	33	23	3	5	60	30	131	121
36254	INS CATH REN ART 2ND+ BILAT	000	2b	RUC	33	23	3	5	68	30	139	129
36481	INSERTION OF CATHETER VEIN	000	1b	RUC		N/A			75	77	152	147
36555	INSERT NON-TUNNEL CV CATH	000	2b	RUC	20	10	5	5	20	10	60	50
36557	INSERT TUNNELED CV CATH	010	2b	RUC	30	20	7	10	30	15	127	117
36558	INSERT TUNNELED CV CATH	010	1b	RUC	20	15	6	10	30	15	116	111
36560	INSERT TUNNELED CV CATH	010	2b	RUC	30	20	9	10	45	15	144	134
36561	INSERT TUNNELED CV CATH	010	2b	RUC	20	10	5	10	45	15	130	120
36563	INSERT TUNNELED CV CATH	010	2b	RUC	20	10	10	10	60	15	150	140
36565	INSERT TUNNELED CV CATH	010	2b	RUC	20	10	5	10	45	15	130	120
36566	INSERT TUNNELED CV CATH	010	2b	RUC	20	10	5	10	60	15	145	135
36568	INSERT PICC CATH	000	1b	RUC	20	15	5	5	20	10	60	55
36570	INSERT PICVAD CATH	010	2b	RUC	30	20	10	10	45	15	145	135
36571	INSERT PICVAD CATH	010	2b	RUC	20	10	10	10	50	15	140	130
36576	REPAIR TUNNELED CV CATH	010	2b	RUC	25	15	6	10	33	15	124	114
36578	REPLACE TUNNELED CV CATH	010	2b	RUC	20	10	6	10	30	15	116	106
36581	REPLACE TUNNELED CV CATH	010	1b	RUC	20	15	5	10	30	15	115	110
36582	REPLACE TUNNELED CV CATH	010	2b	RUC	30	20	6	10	60	15	156	146
36583	REPLACE TUNNELED CV CATH	010	2b	RUC	30	20	7	10	60	15	157	147
36585	REPLACE PICVAD CATH	010	1b	RUC	6	1	10	10	60	15	136	131
36590	REMOVAL TUNNELED CV CATH	010	1b	RUC	15	10	5	10	30	15	110	105
36870	PERCUT THROMBECT AV FISTULA	090	2b	RUC	20	10			60	15	130	120
37183	REMOVE HEPATIC SHUNT (TIPS)	000	2b	RUC	27.5	17.5			77.5	30	135	125
37184	PRIM ART M-THRMBC 1ST VSL	000	2b	RUC	20	10	10	10	90	30	160	150
37185	PRIM ART M-THRMBC SBSQ VSL	ZZZ	ZZZ	RUC		no change			40		40	no change
37186	SEC ART THROMBECTOMY ADD-ON	ZZZ	ZZZ	RUC		no change			60		60	no change
37187	VENOUS MECH THROMBECTOMY	000	2b	RUC	26	16	5	9	85	20	145	135
37188	VENOUS M-THROMBECTOMY ADD-O	000	2b	RUC	18	8	7	10	58	20	113	103
37191	INS ENDOVAS VENA CAVA FILTR	000	2b	RUC	30	20	3	5	30	15	83	73
37192	REDO ENDOVAS VENA CAVA FILT	000	2b	Revised	33	23	3	5	45	15	101	91
37193	REM ENDOVAS VENA CAVA FILTE	000	2b	Revised	33	23	3	5	45	15	101	91
37197	REMOVE INTRVAS FOREIGN BODY	000	2b	RUC	33	23	3	5	60	20	121	111
37211	THROMBOLYTIC ART THERAPY	000	2b	RUC	40	30	3	5	60	30	138	128
37212	THROMBOLYTIC VENOUS THERAPY	000	2b	RUC	40	30	3	5	60	30	138	128
37213	THROMBLYTIC ART/VEN THERAPY	000	2b	RUC	33	23	3	5	33	25	99	89
37214	CESSJ THERAPY CATH REMOVAL	000	2b	RUC	33	23	3	5	38	23	102	92
37215	TRANSCATH STENT CCA W/EPS	090	2b	RUC	40	30	8	15	90	30	322	312
37216	TRANSCATH STENT CCA W/O EPS	090	2b	RUC	40	30	8	15	90	30	322	312
37218	STENT PLACEMT ANTE CAROTID	090	2b	RUC	33	23	5	5	90	28	265	255
37220	ILIAC REVASC	000	2b	RUC	40	30	3	5	60	30	138	128
37221	ILIAC REVASC W/STENT	000	2b	RUC	40	30	3	5	90	30	168	158
37222	ILIAC REVASC ADD-ON	ZZZ	ZZZ	RUC	1	no change			40	1	42	no change
37223	ILIAC REVASC W/STENT ADD-ON	ZZZ	ZZZ	RUC	1	no change			45	1	47	no change
37224	FEM/POPL REVAS W/TLA	000	2b	RUC	40	30	3	5	80	30	158	148
37225	FEM/POPL REVAS W/ATHER	000	2b	RUC	40	30	3	5	118	30	196	186

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37226	FEM/POPL REVASC W/STENT	000	2b	RUC	40	30	3	5	90	30	168	158
37227	FEM/POPL REVASC STNT & ATHE	000	2b	RUC	40	30	3	5	125	30	203	193
37228	TIB/PER REVASC W/TLA	000	2b	RUC	40	30	3	5	90	30	168	158
37229	TIB/PER REVASC W/ATHER	000	2b	RUC	40	30	3	5	120	30	198	188
37230	TIB/PER REVASC W/STENT	000	2b	RUC	40	30	3	5	120	30	198	188
37231	TIB/PER REVASC STENT & ATHE	000	2b	RUC	40	30	3	5	135	30	213	203
37232	TIB/PER REVASC ADD-ON	ZZZ	ZZZ	RUC	1	no change			40	1	42	no change
37233	TIBPER REVASC W/ATHER ADD-O	ZZZ	ZZZ	RUC	1	no change			60	1	62	no change
37234	REVSC OPN/PRQ TIB/PERO STEN	ZZZ	ZZZ	RUC	1	no change			60	1	62	no change
37235	TIB/PER REVASC STNT & ATHER	ZZZ	ZZZ	RUC	1	no change			80	1	82	no change
37236	OPEN/PERQ PLACE STENT 1ST	000	2b	RUC	33	23	3	5	90	30	161	151
37237	OPEN/PERQ PLACE STENT EA AD	ZZZ	ZZZ	RUC	1	no change			45	1	47	no change
37238	OPEN/PERQ PLACE STENT SAME	000	2b	RUC	33	23	3	5	60	30	131	121
37239	OPEN/PERQ PLACE STENT EA AD	ZZZ	ZZZ	RUC	1	no change			30	1	32	no change
37241	VASC EMBOLIZE/OCCLUDE VENOU	000	1b	RUC	19	14	3	5	90	30	147	142
37242	VASC EMBOLIZE/OCCLUDE ARTER	000	2b	RUC	33	23	3	5	100	30	171	161
37243	VASC EMBOLIZE/OCCLUDE ORGAN	000	2b	RUC	33	23	3	5	120	45	206	196
37244	VASC EMBOLIZE/OCCLUDE BLEED	000	2b	RUC	33	23	3	5	90	45	176	166
37252	INTRVASC US NONCORONARY 1ST	ZZZ	ZZZ	RUC	1	no change	0	0	20	1	22	no change
37253	INTRVASC US NONCORONARY ADD	ZZZ	ZZZ	RUC	0	no change	0	0	20	1	21	no change
43200	ESOPHAGOSCOPY FLEXIBLE BRUS	000	1b	RUC	19	14	3	5	15	10	52	47
43201	ESOPH SCOPE W/SUBMUCOUS INJ	000	1b	RUC	19	14	3	5	15	10	52	47
43202	ESOPHAGOSCOPY FLEX BIOPSY	000	1b	RUC	19	14	3	5	15	10	52	47
43204	ESOPH SCOPE W/SCLEROSIS INJ	000	2b	RUC	25	15	3	5	20	10	63	53
43205	ESOPHAGUS ENDOSCOPY/LIGATIO	000	2b	RUC	25	15	3	5	20	10	63	53
43206	ESOPH OPTICAL ENDOMICROSCOP	000	1b	RUC	19	14	3	5	30	10	67	62
43211	ESOPHAGOSCOP MUCOSAL RESECT	000	2b	RUC	33	23	3	5	45	18	104	94
43212	ESOPHAGOSCOP STENT PLACEMEN	000	2b	RUC	33	23	3	5	30	15	86	76
43213	ESOPHAGOSCOPY RETRO BALLOON	000	2b	RUC	33	23	3	5	45	15	101	91
43214	ESOPHAGOSC DILATE BALLOON 3	000	2b	RUC	33	23	3	5	30	16	87	77
43215	ESOPHAGOSCOPY FLEX REMOVE F	000	2b	RUC	25	15	3	5	20	10	63	53
43216	ESOPHAGOSCOPY LESION REMOVA	000	2b	RUC	25	15	3	5	22	10	65	55
43217	ESOPHAGOSCOPY SNARE LES REM	000	2b	RUC	25	15	3	5	30	10	73	63
43220	ESOPHAGOSCOPY BALLOON <30MM	000	1b	RUC	19	14	3	5	20	10	57	52
43226	ESOPH ENDOSCOPY DILATION	000	1b	RUC	19	14	3	5	25	10	62	57
43227	ESOPHAGOSCOPY CONTROL BLEED	000	2b	RUC	25	15	3	5	30	10	73	63
43229	ESOPHAGOSCOPY LESION ABLATE	000	2b	RUC	32	22	3	5	45	15	100	90
43231	ESOPHAGOSCOP ULTRASOUND EXA	000	2b	RUC	33	23	3	5	30	20	91	81
43232	ESOPHAGOSCOPY W/US NEEDLE B	000	2b	RUC	33	23	3	5	45	20	106	96
43233	EGD BALLOON DIL ESOPH30 MM/	000	2b	RUC	30	20	3	5	30	20	88	78
43235	EGD DIAGNOSTIC BRUSH WASH	000	1b	RUC	19	14	3	5	15	12	54	49
43236	UPPR GI SCOPE W/SUBMUC INJ	000	1b	RUC	19	14	3	5	20	15	62	57
43237	ENDOSCOPIC US EXAM ESOPH	000	2b	RUC	30	20	3	5	35	20	93	83
43238	EGD US FINE NEEDLE BX/ASPIR	000	2b	RUC	30	20	3	5	45	20	103	93
43239	EGD BIOPSY SINGLE/MULTIPLE	000	1b	RUC	19	14	3	5	15	12	54	49
43240	EGD W/TRANSMURAL DRAIN CYST	000	2b	RUC	33	23	3	5	70	30	141	131
43241	EGD TUBE/CATH INSERTION	000	2b	RUC	25	15	3	5	30	15	78	68
43242	EGD US FINE NEEDLE BX/ASPIR	000	2b	RUC	33	23	3	5	50	23	114	104
43243	EGD INJECTION VARICES	000	2b	RUC	33	23	3	5	30	20	91	81

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43244	EGD VARICES LIGATION	000	2b	RUC	33	23	3	5	30	20	91	81
43245	EGD DILATE STRICTURE	000	2b	RUC	25	15	3	5	23	15	71	61
43246	EGD PLACE GASTROSTOMY TUBE	000	2b	RUC	33	23	3	5	30	15	86	76
43247	EGD REMOVE FOREIGN BODY	000	2b	RUC	15	5	3	5	30	15	68	58
43248	EGD GUIDE WIRE INSERTION	000	1b	RUC	19	14	3	5	20	15	62	57
43249	ESOPH EGD DILATION <30 MM	000	1b	RUC	19	14	3	5	20	15	62	57
43250	EGD CAUTERY TUMOR POLYP	000	1b	RUC	16	11	3	5	20	14	58	53
43251	EGD REMOVE LESION SNARE	000	2b	RUC	25	15	3	5	20	10	63	53
43252	EGD OPTICAL ENDOMICROSCOPY	000	1b	RUC	19	14	3	5	30	20	77	72
43253	EGD US TRANSMURAL INJXN/MAR	000	2b	RUC	33	23	3	5	40	23	104	94
43254	EGD ENDO MUCOSAL RESECTION	000	2b	RUC	30	20	3	5	45	20	103	93
43255	EGD CONTROL BLEEDING ANY	000	2b	RUC	33	23	3	5	30	20	91	81
43257	EGD W/THRML TXMNT GERD	000	2b	RUC	33	23	3	5	45	15	101	91
43259	EGD US EXAM DUODENUM/JEJUNU	000	2b	RUC	33	23	3	5	45	20	106	96
43260	ERCP W/SPECIMEN COLLECTION	000	2b	RUC	33	23	10	5	48	25	121	111
43261	ENDO CHOLANGIOPANCREATOGRAP	000	2b	RUC	33	23	10	5	55	23	126	116
43262	ENDO CHOLANGIOPANCREATOGRAP	000	2b	RUC	33	23	10	5	60	30	138	128
43263	ERCP SPHINCTER PRESSURE MEA	000	2b	RUC	33	23	10	5	60	30	138	128
43264	ERCP REMOVE DUCT CALCULI	000	2b	RUC	33	23	10	5	60	28	136	126
43265	ERCP LITHOTRIPSY CALCULI	000	2b	RUC	33	23	10	5	78	28	154	144
43266	EGD ENDOSCOPIC STENT PLACE	000	2b	RUC	33	23	3	5	40	20	101	91
43270	EGD LESION ABLATION	000	2b	RUC	33	23	3	5	45	15	101	91
43273	ENDOSCOPIC PANCREATOSCOPY	ZZZ	ZZZ	RUC		no change			30		30	no change
43274	ERCP DUCT STENT PLACEMENT	000	2b	RUC	33	23	10	5	68	23	139	129
43275	ERCP REMOVE FORGN BODY DUCT	000	2b	RUC	33	23	10	5	50	20	118	108
43276	ERCP STENT EXCHANGE W/DILAT	000	2b	RUC	33	23	10	5	60	25	133	123
43277	ERCP EA DUCT/AMPULLA DILATE	000	2b	RUC	33	23	10	5	70	25	143	133
43278	ERCP LESION ABLATE W/DILATE	000	2b	RUC	33	23	10	5	75	30	153	143
43453	DILATE ESOPHAGUS	000	1b	RUC	19	14	3	5	20	15	62	57
44360	SMALL BOWEL ENDOSCOPY	000	1b	Harvard	16	11		15	45	17	93	88
44361	SMALL BOWEL ENDOSCOPY/BIOPS	000	1b	Harvard	16	11		15	36	19	86	81
44363	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	16	6		25	47	19	107	97
44364	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	17	7		25	47	21	110	100
44365	SMALL BOWEL ENDOSCOPY	000	1b	RUC	22	17			48	16	86	81
44366	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	19	9		25	48	23	115	105
44369	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	19	9		25	51	22	117	107
44370	SMALL BOWEL ENDOSCOPY/STENT	000	2b	RUC	31	21			70	22	123	113
44372	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	21	11		25	40	22	108	98
44373	SMALL BOWEL ENDOSCOPY	000	2b	Harvard	21	11		25	46	22	114	104
44376	SMALL BOWEL ENDOSCOPY	000	1b	RUC	30	25			180	17	227	222
44377	SMALL BOWEL ENDOSCOPY/BIOPS	000	1b	RUC	30	25			180	17	227	222
44378	SMALL BOWEL ENDOSCOPY	000	2b	RUC	30	20			180	17	227	217
44379	S BOWEL ENDOSCOPE W/STENT	000	2b	RUC	30	20			205	22	257	247
44380	SMALL BOWEL ENDOSCOPY BR/WA	000	1b	RUC	19	14	1	5	15	10	50	45
44381	SMALL BOWEL ENDOSCOPY BR/WA	000	2b	RUC	25	15	1	5	25	15	71	61
44382	SMALL BOWEL ENDOSCOPY	000	1b	RUC	19	14	1	5	20	12	57	52
44384	SMALL BOWEL ENDOSCOPY	000	2b	RUC	33	23	1	5	40	15	94	84
44385	ENDOSCOPY OF BOWEL POUCH	000	1b	RUC	19	14	3	5	15	10	52	47
44386	ENDOSCOPY BOWEL POUCH/BIOP	000	1b	RUC	19	14	3	5	17	10	54	49

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44388	COLONOSCOPY THRU STOMA SPX	000	1b	RUC	19	14	2	5	25	14	65	60
44389	COLONOSCOPY WITH BIOPSY	000	1b	RUC	19	14	2	5	30	14	70	65
44390	COLONOSCOPY FOR FOREIGN BOD	000	2b	RUC	30	20	2	5	35	15	87	77
44391	COLONOSCOPY FOR BLEEDING	000	2b	RUC	33	23	2	5	40	15	95	85
44392	COLONOSCOPY & POLYPECTOMY	000	1b	RUC	19	14	2	5	30	10	66	61
44394	COLONOSCOPY W/SNARE	000	2b	RUC	20	10	2	5	30	10	67	57
44401	COLONOSCOPY WITH ABLATION	000	2b	RUC	25	15	2	5	30	10	72	62
44402	COLONOSCOPY W/STENT PLCMT	000	2b	RUC	33	23	2	5	43	15	98	88
44403	COLONOSCOPY W/RESECTION	000	2b	RUC	25	15	2	5	45	15	92	82
44404	COLONOSCOPY W/INJECTION	000	1b	RUC	19	14	2	5	30	10	66	61
44405	COLONOSCOPY W/DILATION	000	2b	RUC	25	15	2	5	38	12	82	72
44406	COLONOSCOPY W/ULTRASOUND	000	2b	RUC	33	23	2	5	40	20	100	90
44407	COLONOSCOPY W/NDL ASPIR/BX	000	2b	RUC	33	23	2	5	60	20	120	110
44408	COLONOSCOPY W/DECOMPRESSION	000	2b	RUC	33	23	2	5	40	15	95	85
44500	INTRO GASTROINTESTINAL TUBE	000	1b	RUC	6	1			25	5	36	31
45303	PROCTOSIGMOIDOSCOPY DILATE	000	2b	RUC	15	5	5	5	15	10	50	40
45305	PROCTOSIGMOIDOSCOPY W/BX	000	1b	RUC	15	10	5	5	10	10	45	40
45307	PROCTOSIGMOIDOSCOPY FB	000	2b	RUC	15	5	5	5	15	10	50	40
45308	PROCTOSIGMOIDOSCOPY REMOVAL	000	2b	RUC	15	5	5	5	15	10	50	40
45309	PROCTOSIGMOIDOSCOPY REMOVAL	000	2b	RUC	15	5	5	5	15	10	50	40
45315	PROCTOSIGMOIDOSCOPY REMOVAL	000	2b	RUC	15	5	5	5	20	10	55	45
45317	PROCTOSIGMOIDOSCOPY BLEED	000	2b	RUC	15	5	5	5	20	10	55	45
45320	PROCTOSIGMOIDOSCOPY ABLATE	000	2b	RUC	15	5	5	5	23	10	58	48
45321	PROCTOSIGMOIDOSCOPY VOLVUL	000	2b	RUC	10	0	5	5	20	10	50	40
45327	PROCTOSIGMOIDOSCOPY W/STENT	000	2b	RUC	10	0	5	5	28	13	61	51
45332	SIGMOIDOSCOPY W/FB REMOVAL	000	2b	RUC	25	15	3	5	20	10	63	53
45333	SIGMOIDOSCOPY & POLYPECTOMY	000	1b	RUC	19	14	3	5	15	10	52	47
45334	SIGMOIDOSCOPY FOR BLEEDING	000	2b	RUC	25	15	3	5	20	10	63	53
45335	SIGMOIDOSCOPY W/SUBMUC INJ	000	1b	RUC	19	14	3	5	15	10	52	47
45337	SIGMOIDOSCOPY & DECOMPRESS	000	2b	RUC	30	20	3	5	25	15	78	68
45338	SIGMOIDOSCOPY W/TUMR REMOVE	000	2b	RUC	25	15	3	5	15	10	58	48
45340	SIG W/TNDSC BALLOON DILATIO	000	2b	RUC	25	15	3	5	20	15	68	58
45341	SIGMOIDOSCOPY W/ULTRASOUND	000	2b	RUC	30	20	3	5	30	15	83	73
45342	SIGMOIDOSCOPY W/US GUIDE BX	000	2b	RUC	33	23	3	5	45	20	106	96
45346	SIGMOIDOSCOPY W/ABLATION	000	2b	RUC	25	15	3	5	20	10	63	53
45347	SIGMOIDOSCOPY W/PLCMT STENT	000	2b	RUC	33	23	3	5	35	15	91	81
45349	SIGMOIDOSCOPY W/RESECTION	000	2b	RUC	25	15	3	5	30	15	78	68
45350	SGMDSC W/BAND LIGATION	000	1b	RUC	19	14	3	5	20	13	60	55
45378	DIAGNOSTIC COLONOSCOPY	000	1b	RUC	19	14	3	5	25	15	67	62
45379	COLONOSCOPY W/FB REMOVAL	000	2b	RUC	25	15	3	5	35	15	83	73
45380	COLONOSCOPY AND BIOPSY	000	1b	RUC	19	14	3	5	28	15	70	65
45381	COLONOSCOPY SUBMUCOUS NJX	000	1b	RUC	19	14	3	5	28	15	70	65
45382	COLONOSCOPY W/CONTROL BLEED	000	2b	RUC	33	23	3	5	40	15	96	86
45384	COLONOSCOPY W/LESION REMOVA	000	1b	RUC	19	14	3	5	28	15	70	65
45385	COLONOSCOPY W/LESION REMOVA	000	2b	RUC	25	15	3	5	30	15	78	68
45386	COLONOSCOPY W/BALLOON DILAT	000	2b	RUC	30	20	3	5	35	15	88	78
45388	COLONOSCOPY W/ABLATION	000	2b	RUC	25	15	3	5	35	15	83	73
45389	COLONOSCOPY W/STENT PLCMT	000	2b	RUC	33	23	3	5	45	17	103	93
45390	COLONOSCOPY W/RESECTION	000	2b	RUC	25	15	3	5	45	15	93	83

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45391	COLONOSCOPY W/ENDOSCOPE US	000	2b	RUC	33	23	3	5	45	20	106	96
45392	COLONOSCOPY W/ENDOSCOPIC FN	000	2b	RUC	33	23	3	5	60	20	121	111
45393	COLONOSCOPY W/DECOMPRESSION	000	2b	RUC	33	23	3	5	40	15	96	86
45398	COLONOSCOPY W/BAND LIGATION	000	2b	RUC	25	15	3	5	30	15	78	68
47000	NEEDLE BIOPSY OF LIVER	000	1b	RUC	19	14	1	5	20	15	60	55
47382	PERCUT ABLATE LIVER RF	010	2b	RUC	30	20			180	30	275	265
47383	PERQ ABLTJ LVR CRYOABLATION	010	2b	RUC	33	23	15	5	90	28	206	196
47532	INJECTION FOR CHOLANGIOGRAM	000	2b	RUC	30	20	3	5	45	15	98	88
47533	PLMT BILIARY DRAINAGE CATH	000	2b	RUC	33	23	3	5	60	20	121	111
47534	PLMT BILIARY DRAINAGE CATH	000	2b	RUC	33	23	3	5	68	20	129	119
47535	CONVERSION EXT BIL DRG CATH	000	2b	RUC	25	15	3	5	45	15	93	83
47536	EXCHANGE BILIARY DRG CATH	000	2b	RUC	20	10	3	5	20	13	61	51
47538	PERQ PLMT BILE DUCT STENT	000	2b	RUC	30	20	3	5	53	15	106	96
47539	PERQ PLMT BILE DUCT STENT	000	2b	RUC	33	23	3	5	75	20	136	126
47540	PERQ PLMT BILE DUCT STENT	000	2b	RUC	33	23	3	5	85	20	146	136
47541	PLMT ACCESS BIL TREE SM BWL	000	2b	RUC	33	23	3	5	60	20	121	111
47542	DILATE BILIARY DUCT/AMPULLA	ZZZ	ZZZ	RUC		no change			30		30	no change
47543	ENDOLUMINAL BX BILIARY TREE	ZZZ	ZZZ	RUC		no change			30		30	no change
47544	REMOVAL DUCT GLBLDR CALCULI	ZZZ	ZZZ	RUC		no change			45		45	no change
49405	IMAGE CATH FLUID COLXN VISC	000	2b	RUC	35	25	5	5	40	20	105	95
49406	IMAGE CATH FLUID PERI/RETRO	000	2b	RUC	35	25	5	5	40	20	105	95
49407	IMAGE CATH FLUID TRNS/VGNL	000	2b	RUC	35	25	5	5	45	20	110	100
49411	INS MARK ABD/PEL FOR RT PER	000	2b	RUC	19	9	1	5	40	20	85	75
49418	INSERT TUN IP CATH PERC	000	2b	RUC	33	23	6	5	40	20	104	94
49440	PLACE GASTROSTOMY TUBE PERC	010	2b	RUC	35	25	5	8	38	20	126	116
49441	PLACE DUOD/JEJ TUBE PERC	010	2b	RUC	35	25	5	8	45	20	133	123
49442	PLACE CECOSTOMY TUBE PERC	010	2b	RUC	35	25	5	8	30	20	118	108
49446	CHANGE G-TUBE TO G-J PERC	000	2b	RUC	25	15	8	5	40	15	93	83
50200	RENAL BIOPSY PERQ	000	2b	RUC	45	35			53	15	113	103
50382	CHANGE URETER STENT PERCUT	000	2b	RUC	30	20	10	10	60	15	125	115
50384	REMOVE URETER STENT PERCUT	000	2b	RUC	25	15	7	10	55	15	112	102
50385	CHANGE STENT VIA TRANSURETH	000	2b	RUC	29	19	10	10	45	15	109	99
50386	REMOVE STENT VIA TRANSURETH	000	2b	RUC	25	15	10	10	30	15	90	80
50387	CHANGE NEPHROURETERAL CATH	000	1b	RUC	19	14	9	10	18	10	66	61
50430	NJX PX NFROSGRM &/URTRGRM	000	2b	RUC	30	20	1	5	35	20	91	81
50432	PLMT NEPHROSTOMY CATHETER	000	2b	RUC	33	23	1	5	48	20	107	97
50433	PLMT NEPHROURETERAL CATHETE	000	2b	RUC	33	23	1	5	60	20	119	109
50434	CONVERT NEPHROSTOMY CATHETE	000	2b	RUC	30	20	1	5	45	20	101	91
50592	PERC RF ABLATE RENAL TUMOR	010	2b	RUC	10	0	10	10	60	30	155	145
50593	PERC CRYO ABLATE RENAL TUM	010	2b	RUC	45	35	10	10	90	20	217	207
50606	ENDOLUMINAL BX URTR RNL PLV	ZZZ	ZZZ	RUC		no change			45		45	no change
50693	PLMT URETERAL STENT PRQ	000	2b	RUC	33	23	1	5	45	20	104	94
50694	PLMT URETERAL STENT PRQ	000	2b	RUC	33	23	1	5	62	20	121	111
50695	PLMT URETERAL STENT PRQ	000	2b	RUC	33	23	1	5	75	20	134	124
50705	URETERAL EMBOLIZATION/OCCL	ZZZ	ZZZ	RUC		no change			60		60	no change
50706	BALLOON DILATE URTRL STRIX	ZZZ	ZZZ	RUC		no change			60		60	no change
57155	INSERT UTERI TANDEM/OVOIDS	000	2b	RUC	33	23	5	5	60	30	133	123
66720	DESTRUCTION CILIARY BODY	090	1b	Harvard	15	10		15	32	17	151	146
69300	REVISE EXTERNAL EAR	YYY	1b	RUC	30	25			120	35	232	227

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77371	SRS MULTISOURCE	XXX	N/A	N/A		no change						no change
77600	HYPERTHERMIA TREATMENT	XXX	2b	CMS/Other		N/A					46	36
77605	HYPERTHERMIA TREATMENT	XXX	2b	CMS/Other		N/A					55	45
77610	HYPERTHERMIA TREATMENT	XXX	1b	CMS/Other		N/A					46	41
77615	HYPERTHERMIA TREATMENT	XXX	2b	CMS/Other		N/A					55	45
92920	PRQ CARDIAC ANGIOPLAST 1 AR	000	2b	Revised	33	23	1	5	68	30	137	127
92921	PRQ CARDIAC ANGIO ADDL ART	ZZZ	ZZZ	RUC		no change			30		30	no change
92924	PRQ CARD ANGIO/ATHRECT 1 AR	000	2b	Revised	33	23	1	5	84	30	153	143
92925	PRQ CARD ANGIO/ATHRECT ADDL	ZZZ	ZZZ	RUC		no change			45		45	no change
92928	PRQ CARD STENT W/ANGIO 1 VS	000	2b	Revised	33	23	1	5	76	30	145	135
92929	PRQ CARD STENT W/ANGIO ADDL	ZZZ	ZZZ	RUC		no change			30		30	no change
92933	PRQ CARD STENT/ATH/ANGIO	000	2b	Revised	33	23	1	5	87	30	156	146
92934	PRQ CARD STENT/ATH/ANGIO	ZZZ	ZZZ	RUC		no change			45		45	no change
92937	PRQ REVASC BYP GRAFT 1 VSL	000	2b	Revised	33	23	1	5	67	30	136	126
92938	PRQ REVASC BYP GRAFT ADDL	ZZZ	ZZZ	RUC		no change			60		60	no change
92941	PRQ CARD REVASC MI 1 VSL	000	2b	RUC	33	23	1	5	70	40	149	139
92943	PRQ CARD REVASC CHRONIC 1VS	000	2b	Revised	33	23	1	5	92	30	161	151
92944	PRQ CARD REVASC CHRONIC ADD	ZZZ	ZZZ	RUC		no change			60		60	no change
92953	TEMPORARY EXTERNAL PACING	000	2b	Harvard	24	14			29	31	84	74
92960	CARDIOVERSION ELECTRIC EXT	000	1b	RUC	15	10	1	5	15	15	51	46
92961	CARDIOVERSION ELECTRIC INT	000	2b	RUC	60	50			53	20	133	123
92973	PRQ CORONARY MECH THROMBECT	ZZZ	ZZZ	RUC		no change			40		40	no change
92974	CATH PLACE CARDIO BRACHYTX	ZZZ	ZZZ	RUC		no change			42.5		42.5	no change
92975	DISSOLVE CLOT HEART VESSEL	000	2b	Harvard	31	21		25	101	39	196	186
92978	INTRAVASC US HEART ADD-ON	ZZZ	ZZZ	RUC		no change			25		25	no change
92979	INTRAVASC US HEART ADD-ON	ZZZ	ZZZ	RUC		no change			25		25	no change
92986	REVISION OF AORTIC VALVE	090	2b	RUC	98	88			113	135	473	463
92987	REVISION OF MITRAL VALVE	090	2b	RUC	60	50			150	60	339	329
93312	ECHO TRANSESOPHAGEAL	XXX	1b	RUC	15	10			30	15	60	55
93313	ECHO TRANSESOPHAGEAL	XXX	1b	RUC	5	0			10		15	10
93314	ECHO TRANSESOPHAGEAL	XXX	1b	Revised	10	5			20	15	45	40
93315	ECHO TRANSESOPHAGEAL	XXX	1b	RUC	15	10			40	15	70	65
93316	ECHO TRANSESOPHAGEAL	XXX	1b	RUC	15	10			20	5	40	35
93317	ECHO TRANSESOPHAGEAL	XXX	1b	Revised	10	5			20	15	45	40
93318	ECHO TRANSESOPHAGEAL INTRAO	XXX	1b	RUC	15	10			60	15	90	85
93451	RIGHT HEART CATH	000	2b	RUC	40	30	3	5	30	30	108	98
93452	LEFT HRT CATH W/VENTRCLGRPH	000	2b	RUC	40	30	3	5	30	30	108	98
93453	R&L HRT CATH W/VENTRICLGRPH	000	2b	RUC	40	30	3	5	45	30	123	113
93454	CORONARY ARTERY ANGIO S&I	000	2b	RUC	40	30	3	5	30	30	108	98
93455	CORONARY ART/GRFT ANGIO S&I	000	2b	RUC	45	35	3	5	40	30	123	113
93456	R HRT CORONARY ARTERY ANGIO	000	2b	RUC	40	30	3	5	40	30	118	108
93457	R HRT ART/GRFT ANGIO	000	2b	RUC	45	35	3	5	50	30	133	123
93458	L HRT ARTERY/VENTRICLE ANGI	000	2b	RUC	40	30	3	5	45	30	123	113
93459	L HRT ART/GRFT ANGIO	000	2b	RUC	45	35	3	5	50	30	133	123
93460	R&L HRT ART/VENTRICLE ANGIO	000	2b	RUC	40	30	3	5	50	30	128	118
93461	R&L HRT ART/VENTRICLE ANGIO	000	2b	RUC	45	35	3	5	65	35	153	143
93462	L HRT CATH TRNSPTL PUNCTURE	ZZZ	ZZZ	RUC		no change			40		40	no change
93463	DRUG ADMIN & HEMODYNMIC MEA	ZZZ	ZZZ	RUC		no change			30		30	no change
93464	EXERCISE W/HEMODYNAMIC MEAS	ZZZ	ZZZ	RUC		no change			30		30	no change

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93505	BIOPSY OF HEART LINING	000	2b	Harvard	27	17		15	38	20	100	90
93530	RT HEART CATH CONGENITAL	000	2b	RUC	48	38			95	52	195	185
93561	CARDIAC OUTPUT MEASUREMENT	000	1b	Harvard	20	15		15	29	19	83	78
93562	CARD OUTPUT MEASURE SUBSQ	000	1b	Harvard	7	2		15	16	11	49	44
93563	INJECT CONGENITAL CARD CATH	ZZZ	ZZZ	RUC		no change			25		25	no change
93564	INJECT HRT CONGNTL ART/GRFT	ZZZ	ZZZ	RUC		no change			25		25	no change
93565	INJECT L VENTR/ATRIAL ANGIO	ZZZ	ZZZ	RUC		no change			20		20	no change
93566	INJECT R VENTR/ATRIAL ANGIO	ZZZ	ZZZ	RUC		no change			20		20	no change
93567	INJECT SUPRVLV AORTOGRAPHY	ZZZ	ZZZ	RUC		no change			15		15	no change
93568	INJECT PULM ART HRT CATH	ZZZ	ZZZ	RUC		no change			20		20	no change
93571	HEART FLOW RESERVE MEASURE	ZZZ	ZZZ	RUC		no change			20		20	no change
93572	HEART FLOW RESERVE MEASURE	ZZZ	ZZZ	RUC		no change			15		15	no change
93582	PERQ TRANSCATH CLOSURE PDA	000	2b	RUC	33	23	3	15	60	45	156	146
93583	PERQ TRANSCATH SEPTAL REDUX	000	2b	RUC	40	30	3	15	90	40	188	178
93609	MAP TACHYCARDIA ADD-ON	ZZZ	ZZZ	RUC		no change			90		90	no change
93613	ELECTROPHYS MAP 3D ADD-ON	ZZZ	ZZZ	RUC		no change			120		120	no change
93615	ESOPHAGEAL RECORDING	000	2b	Harvard		N/A			27		27	17
93616	ESOPHAGEAL RECORDING	000	1b	RUC	7	2			26	5	38	33
93618	HEART RHYTHM PACING	000	2b	Harvard		N/A			90		90	80
93619	ELECTROPHYSIOLOGY EVALUATIO	000	2b	RUC	60	50			90	53	203	193
93620	ELECTROPHYSIOLOGY EVALUATIO	000	2b	RUC	60	50			120	60	240	230
93621	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	ZZZ	RUC		no change			30		30	no change
93622	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	ZZZ	RUC		no change			45		45	no change
93624	ELECTROPHYSIOLOGIC STUDY	000	2b	RUC	30	20			60	38	128	118
93640	EVALUATION HEART DEVICE	000	2b	RUC	70	60			90	60	220	210
93641	ELECTROPHYSIOLOGY EVALUATIO	000	2b	RUC	33	23	1	5	120	60	219	209
93642	ELECTROPHYSIOLOGY EVALUATIO	000	2b	RUC	30	20			60	30	120	110
93644	ELECTROPHYSIOLOGY EVALUATIO	000	2b	RUC	33	23	1	5	20	25	84	74
93650	ABLATE HEART DYSRHYTHM FOCU	000	2b	RUC	60	50			120	60	240	230
93653	EP & ABLATE SUPRAVENT ARRHY	000	2b	RUC	33	23	1	5	180	30	249	239
93654	EP & ABLATE VENTRIC TACHY	000	2b	RUC	33	23	1	5	240	40	319	309
93655	ABLATE ARRHYTHMIA ADD ON	ZZZ	ZZZ	RUC		no change			90		90	no change
93656	TX ATRIAL FIB PULM VEIN ISO	000	2b	RUC	33	23	1	5	240	40	319	309
93657	TX L/R ATRIAL FIB ADDL	ZZZ	ZZZ	RUC		no change			90		90	no change
94011	SPIROMETRY UP TO 2 YRS OLD	XXX	2b	RUC	30	20			30	20	80	70
94012	SPIRMTRY W/BRNCHDIL INF-2 Y	XXX	2b	RUC	30	20			60	25	115	105
94013	MEAS LUNG VOL THRU 2 YRS	XXX	2b	RUC		N/A			12.5	5	17.5	7.5
0200T	PERQ SACRAL AUGMT UNILAT IN	XXX	N/A	N/A		no change						no change
0201T	PERQ SACRAL AUGMT BILAT INJ	XXX	N/A	N/A		no change						no change
0282T	PERIPH FIELD STIMUL TRIAL	XXX	N/A	N/A		no change						no change
0283T	PERIPH FIELD STIMUL PERM	XXX	N/A	N/A		no change						no change
0284T	PERIPH FIELD STIMUL REVISE	XXX	N/A	N/A		no change						no change
0291T	IV OCT FOR PROC INIT VESSEL	ZZZ	ZZZ	N/A		no change						no change
0292T	IV OCT FOR PROC ADDL VESSEL	ZZZ	ZZZ	N/A		no change						no change
0293T	INS LT ATRL PRESS MONITOR	XXX	N/A	N/A		no change						no change
0294T	INS LT ATRL MONT PRES LEAD	ZZZ	ZZZ	N/A		no change						no change
0301T	MW THERAPY FOR BREAST TUMOR	XXX	N/A	N/A		no change						no change
0302T	ICAR ISCHM MNTRNG SYS COMPL	YYY	N/A	N/A		no change						no change
0303T	ICAR ISCHM MNTRNG SYS ELTRD	YYY	N/A	N/A		no change						no change

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0304T	ICAR ISCHM MNTRNG SYS DEVIC	YYY	N/A	N/A		no change						no change
0307T	RMVL ICAR ISCHM MNTRNG DVCE	YYY	N/A	N/A		no change						no change
0308T	INSJ OCULAR TELESCOPE PROST	YYY	N/A	N/A		no change						no change
0335T	EXTRAOSSEOUS JOINT STBLZTIO	YYY	N/A	N/A		no change						no change
0340T	ABLATE PULM TUMORS EXTNSN	YYY	N/A	N/A		no change						no change

CPT	Short Descriptor	Global	2014 Medicare Utilization (Non-Facility Setting Only)	Non-fac Total RVU	Fac Total RVU	Phys Intra Time	CL, S, or E Code	Description	CL Intra Time Non-Fac	S Non-Fac Quantity	E Minutes in Non-Fac	PE Input Type	Standard (100% Phys Time + 2 apply + 15 monitor)	RUC Recommended Change to Intra Time (PE Service Period) (Min)	RUC Recommended Change to Equip Time (Min)	Post- Procedure Monitoring Time for Intra Time (PE Service Period) or Equip (Min)	Notes
10030	DRAINAGE	XXX	249	22.06	4.47	30	L051A	RN	62			CL	Remove				RUC agreed to 2 hours of monitoring time related to moderate sedation, so an extra 15 minutes subtr
10030	GUIDE CATHET FLUID	XXX	249	22.06	4.47	30	EF018	stretcher			152	E	Remove				
10030	GUIDE CATHET FLUID	XXX	249	22.06	4.47	30	EQ011	ECG, 3-channel (with			152	E	Remove				
10030	GUIDE CATHET FLUID	XXX	249	22.06	4.47	30	EQ032	IV infusion pump			152	E	Remove				
10030	GUIDE CATHET FLUID	XXX	249	22.06	4.47	30	EF027	table, instrument, mobile			152	E	Remove				
10030	GUIDE CATHET FLUID	XXX	249	22.06	4.47	30	SA044	pack, moderate sedation		1		S	Remove				
19298	PLACE BREAST RAD	000	56	29.67	9.39	60	L051A	RN	77			CL	Remove				
19298	PLACE BREAST RAD	000	56	29.67	9.39	60	EF027	table, instrument, mobile			122	E	Remove				
19298	PLACE BREAST RAD	000	56	29.67	9.39	60	EQ032	IV infusion pump			122	E	Remove				
19298	PLACE BREAST RAD	000	56	29.67	9.39	60	EQ011	ECG, 3-channel (with			122	E	Remove				
19298	PLACE BREAST RAD	000	56	29.67	9.39	60	SA044	pack, moderate sedation		1		S	Remove				
20982	ABLATE BONE TUMOR(S)	000	35	106.17	11.01	80	L051A	RN	97			CL	Remove				
20982	ABLATE BONE TUMOR(S)	000	35	106.17	11.01	80	EF027	table, instrument, mobile			142	E	Remove				
20982	ABLATE BONE TUMOR(S)	000	35	106.17	11.01	80	EQ032	IV infusion pump			142	E	Remove				
20982	ABLATE BONE TUMOR(S)	000	35	106.17	11.01	80	EQ011	ECG, 3-channel (with			142	E	Remove				
20982	ABLATE BONE TUMOR(S)	000	35	106.17	11.01	80	SA044	pack, moderate sedation		1		S	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	L051A	RN	132			CL	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	EF018	stretcher			193	E	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	EQ011	ECG, 3-channel (with			193	E	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	EF027	table, instrument, mobile			193	E	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	EQ032	IV infusion pump			193	E	Remove				
20983	ABLATE BONE TUMOR(S)	000	Not available	196.22	11.40	115	SA044	pack, moderate sedation		1		S	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	L051A	RN	62			CL	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	EF018	stretcher			118	E	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	EF027	table, instrument, mobile			118	E	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	EQ032	IV infusion pump			118	E	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	EQ011	ECG, 3-channel (with			118	E	Remove				
22510	PERQ CERVICOTHORACIC	010	Not available	50.11	13.12	45	SA044	pack, moderate sedation		1		S	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	L051A	RN	62			CL	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	EF018	stretcher			118	E	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	EF027	table, instrument, mobile			118	E	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	EQ032	IV infusion pump			118	E	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	EQ011	ECG, 3-channel (with			118	E	Remove				
22511	PERQ LUMBOSACRAL	010	Not available	49.65	12.32	45	SA044	pack, moderate sedation		1		S	Remove				
22512	VERTEBROPLASTY ADDL	ZZZ	Not available	27.87	6.12	30	L051A	RN	30			CL	Remove				
22512	VERTEBROPLASTY ADDL	ZZZ	Not available	27.87	6.12	30	EQ032	IV infusion pump			30	E	Remove				
22512	VERTEBROPLASTY ADDL	ZZZ	Not available	27.87	6.12	30	EF027	table, instrument, mobile			30	E	Remove				
22512	VERTEBROPLASTY ADDL	ZZZ	Not available	27.87	6.12	30	EQ011	ECG, 3-channel (with			30	E	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	L051A	RN	67			CL	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	EQ032	IV infusion pump			123	E	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	EQ011	ECG, 3-channel (with			123	E	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	EF018	stretcher			123	E	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	EF027	table, instrument, mobile			123	E	Remove				
22513	PERQ VERTEBRAL	010	Not available	208.61	15.67	50	SA044	pack, moderate sedation		1		S	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	L051A	RN	67			CL	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	EQ032	IV infusion pump			118	E	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	EQ011	ECG, 3-channel (with			118	E	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	EF018	stretcher			118	E	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	EF027	table, instrument, mobile			118	E	Remove				
22514	PERQ VERTEBRAL	010	Not available	207.51	14.60	45	SA044	pack, moderate sedation		1		S	Remove				
22515	PERQ VERTEBRAL	ZZZ	Not available	125.90	6.61	30	L051A	RN	30			CL	Remove				
22515	PERQ VERTEBRAL	ZZZ	Not available	125.90	6.61	30	EF018	stretcher			30	E	Remove				
22515	PERQ VERTEBRAL	ZZZ	Not available	125.90	6.61	30	EF027	table, instrument, mobile			30	E	Remove				
22515	PERQ VERTEBRAL	ZZZ	Not available	125.90	6.61	30	EQ011	ECG, 3-channel (with			30	E	Remove				
22515	PERQ VERTEBRAL	ZZZ	Not available	125.90	6.61	30	EQ032	IV infusion pump			30	E	Remove				
22526	IDET SINGLE LEVEL	010	Not available	67.37	9.69	45	L051A	RN	62			CL	Remove				
22526	IDET SINGLE LEVEL	010	Not available	67.37	9.69	45	EQ032	IV infusion pump			107	E	Remove				
22526	IDET SINGLE LEVEL	010	Not available	67.37	9.69	45	EF027	table, instrument, mobile			107	E	Remove				
22526	IDET SINGLE LEVEL	010	Not available	67.37	9.69	45	EQ011	ECG, 3-channel (with			107	E	Remove				
22526	IDET SINGLE LEVEL	010	Not available	67.37	9.69	45	SA044	pack, moderate sedation		1		S	Remove				
22527	IDET 1 OR MORE LEVELS	ZZZ	Not available	56.07	4.40	45	L051A	RN	45			CL	Remove				
22527	IDET 1 OR MORE LEVELS	ZZZ	Not available	56.07	4.40	45	EF027	table, instrument, mobile			45	E	Remove				
22527	IDET 1 OR MORE LEVELS	ZZZ	Not available	56.07	4.40	45	EQ011	ECG, 3-channel (with			45	E	Remove				
22527	IDET 1 OR MORE LEVELS	ZZZ	Not available	56.07	4.40	45	EQ032	IV infusion pump			45	E	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	L051A	RN	47			CL	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	EQ011	ECG, 3-channel (with			92	E	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	EF018	stretcher			89	E	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	EQ032	IV infusion pump			92	E	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	EF027	table, instrument, mobile			92	E	Remove				
31622	DX BRONCHOSCOPE/WASH	000	1,037	8.92	4.20	30	SA044	pack, moderate sedation		1		S	Remove				
31623	DX BRONCHOSCOPE/BRUSH	000	167	9.43	4.23	30	L051A	RN	47			CL	Remove				
31623	DX BRONCHOSCOPE/BRUSH	000	167	9.43	4.23	30	EQ032	IV infusion pump			92	E	Remove				
31623	DX BRONCHOSCOPE/BRUSH	000	167	9.43	4.23	30	EF027	table, instrument, mobile			92	E	Remove				
31623	DX BRONCHOSCOPE/BRUSH	000	167	9.43	4.23	30	EQ011	ECG, 3-channel (with			92	E	Remove				
31623	DX BRONCHOSCOPE/BRUSH	000	167	9.43	4.23	30	SA044	pack, moderate sedation		1		S	Remove				
31624	DX BRONCHOSCOPE/LAVAGE	000	231	8.93	4.27	30	L051A	RN	47			CL	Remove				
31624	DX BRONCHOSCOPE/LAVAGE	000	231	8.93	4.27	30	EF027	table, instrument, mobile			92	E	Remove				
31624	DX BRONCHOSCOPE/LAVAGE	000	231	8.93	4.27	30	EQ032	IV infusion pump			92	E	Remove				
31624	DX BRONCHOSCOPE/LAVAGE	000	231	8.93	4.27	30	EQ011	ECG, 3-channel (with			92	E	Remove				
31624	DX BRONCHOSCOPE/LAVAGE	000	231	8.93	4.27	30	SA044	pack, moderate sedation		1		S	Remove				
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	L051A	RN	37			CL	Remove				Time to assist phys with CS is 30, not equal to work time of 35
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	EF018	stretcher			89	E	Remove				
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	EQ032	IV infusion pump			97	E	Remove				
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	EQ011	ECG, 3-channel (with			97	E	Remove				
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	EF027	table, instrument, mobile			97	E	Remove				
31625	BRONCHOSCOPY	000	101	9.49	4.92	35	SA044	pack, moderate sedation		1		S	Remove				
31626	BRONCHOSCOPY	000	5	12.76	6.14	45	L051A	RN	15			CL	Remove				
31626	BRONCHOSCOPY	000	5	12.76	6.14	45	EQ032	IV infusion pump			107	E	Remove				
31626	BRONCHOSCOPY	000	5	12.76	6.14	45	EQ011	ECG, 3-channel (with			107	E	Remove				

31626	BRONCHOSCOPY	000	5	12.76	6.14	45	EF027	table, instrument, mobile			107	E	Remove			
31626	BRONCHOSCOPY	000	5	12.76	6.14	45	EF018	stretcher			89	E	Remove			
31626	BRONCHOSCOPY	000	5	12.76	6.14	45	SA044	pack, moderate sedation		1		S	Remove			
31627	NAVIGATIONAL	ZZZ	25	40.13	2.81	60	L051A	RN	30			CL	Remove			Time to assist physician with CS is 30 not equal to work time of 60
31627	NAVIGATIONAL	ZZZ	25	40.13	2.81	60	EQ011	ECG, 3-channel (with			30	E	Remove			
31627	NAVIGATIONAL	ZZZ	25	40.13	2.81	60	EF027	table, instrument, mobile			30	E	Remove			
31627	NAVIGATIONAL	ZZZ	25	40.13	2.81	60	EQ032	IV infusion pump			30	E	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	L051A	RN	57			CL	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	EQ011	ECG, 3-channel (with			102	E	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	EF018	stretcher			89	E	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	EQ032	IV infusion pump			102	E	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	EF027	table, instrument, mobile			102	E	Remove			
31628	BRONCHOSCOPY/LUNG BX	000	156	10.60	5.48	40	SA044	pack, moderate sedation		1		S	Remove			
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	L051A	RN	47			CL	Remove			Time to assist phys with CS is 30, not equal to work time of 35
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	EQ011	ECG, 3-channel (with			92	E	Remove			
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	EQ032	IV infusion pump			92	E	Remove			
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	EF018	stretcher			89	E	Remove			
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	EF027	table, instrument, mobile			92	E	Remove			
31629	BRONCHOSCOPY/NEEDLE BX	000	139	16.78	5.91	35	SA044	pack, moderate sedation		1		S	Remove			
31632	BRONCHOSCOPY/LUNG BX	ZZZ	20	2.03	1.41	18	L051A	RN	18			CL	Remove			
31632	BRONCHOSCOPY/LUNG BX	ZZZ	20	2.03	1.41	18	EQ032	IV infusion pump			18	E	Remove			
31632	BRONCHOSCOPY/LUNG BX	ZZZ	20	2.03	1.41	18	EQ011	ECG, 3-channel (with			18	E	Remove			
31632	BRONCHOSCOPY/LUNG BX	ZZZ	20	2.03	1.41	18	EF027	table, instrument, mobile			18	E	Remove			
31633	BRONCHOSCOPY/NEEDLE BX	ZZZ	47	2.51	1.83	20	L051A	RN	20			CL	Remove			
31633	BRONCHOSCOPY/NEEDLE BX	ZZZ	47	2.51	1.83	20	EQ032	IV infusion pump			20	E	Remove			
31633	BRONCHOSCOPY/NEEDLE BX	ZZZ	47	2.51	1.83	20	EQ011	ECG, 3-channel (with			20	E	Remove			
31633	BRONCHOSCOPY/NEEDLE BX	ZZZ	47	2.51	1.83	20	EF027	table, instrument, mobile			20	E	Remove			
31634	BRONCH W/BALLOON	000	1	53.50	5.99	45	L051A	RN	62			CL	Remove			
31634	BRONCH W/BALLOON	000	1	53.50	5.99	45	EQ032	IV infusion pump			147	E	Remove			
31634	BRONCH W/BALLOON	000	1	53.50	5.99	45	EQ011	ECG, 3-channel (with			147	E	Remove			
31634	BRONCH W/BALLOON	000	1	53.50	5.99	45	EF027	table, instrument, mobile			147	E	Remove			
31634	BRONCH W/BALLOON	000	1	53.50	5.99	45	SA044	pack, moderate sedation		1		S	Remove			
31635	BRONCHOSCOPY W/FB	000	9	9.97	5.45	39	L051A	RN	56			CL	Remove			
31635	BRONCHOSCOPY W/FB	000	9	9.97	5.45	39	EQ011	ECG, 3-channel (with			101	E	Remove			
31635	BRONCHOSCOPY W/FB	000	9	9.97	5.45	39	EQ032	IV infusion pump			101	E	Remove			
31635	BRONCHOSCOPY W/FB	000	9	9.97	5.45	39	EF027	table, instrument, mobile			101	E	Remove			
31635	BRONCHOSCOPY W/FB	000	9	9.97	5.45	39	SA044	pack, moderate sedation		1		S	Remove			
31645	BRONCHOSCOPY CLEAR	000	86	9.22	4.66	43	L051A	RN	65			CL	Remove			Time to assist phys with CS is 20, not equal to work time of 43
31645	BRONCHOSCOPY CLEAR	000	86	9.22	4.66	43	EF027	table, instrument, mobile			105	E	Remove			
31645	BRONCHOSCOPY CLEAR	000	86	9.22	4.66	43	EQ011	ECG, 3-channel (with			105	E	Remove			
31645	BRONCHOSCOPY CLEAR	000	86	9.22	4.66	43	EQ032	IV infusion pump			105	E	Remove			
31645	BRONCHOSCOPY CLEAR	000	86	9.22	4.66	43	SA044	pack, moderate sedation		1		S	Remove			
31646	BRONCHOSCOPY RECLEAR	000	22	8.29	4.04	31	L051A	RN	53			CL	Remove			Time to assist phys with CS is 15, not equal to work time of 31
31646	BRONCHOSCOPY RECLEAR	000	22	8.29	4.04	31	EQ032	IV infusion pump			93	E	Remove			
31646	BRONCHOSCOPY RECLEAR	000	22	8.29	4.04	31	EQ011	ECG, 3-channel (with			93	E	Remove			
31646	BRONCHOSCOPY RECLEAR	000	22	8.29	4.04	31	EF027	table, instrument, mobile			93	E	Remove			
31646	BRONCHOSCOPY RECLEAR	000	22	8.29	4.04	31	SA044	pack, moderate sedation		1		S	Remove			
31647	BRONCHIAL VALVE INIT INSERT	000	-	NA	6.44	60						E				
31647	BRONCHIAL VALVE INIT INSERT	000	-	NA	6.44	60						S				
31648	BRONCHIAL VALVE REMOV INIT	000	1	NA	5.86	45						E				
31648	BRONCHIAL VALVE REMOV INIT	000	1	NA	5.86	45						S				
31649	BRONCHIAL VALVE REMOV ADDL	ZZZ	-	1.96	1.96	30						CL				
31649	BRONCHIAL VALVE REMOV ADDL	ZZZ	-	1.96	1.96	30						E				
31649	BRONCHIAL VALVE REMOV ADDL	ZZZ	-	1.96	1.96	30						S				
31651	BRONCHIAL VALVE ADDL INSERT	ZZZ	-	2.14	2.14	30						CL				
31651	BRONCHIAL VALVE ADDL INSERT	ZZZ	-	2.14	2.14	30						E				
31651	BRONCHIAL VALVE ADDL INSERT	ZZZ	-	2.14	2.14	30						S				
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	L051A	RN	77			CL	Remove			
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	EF018	stretcher			94	E	Remove			
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	EF027	table, instrument, mobile			122	E	Remove			
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	EQ011	ECG, 3-channel (with			122	E	Remove			
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	EQ032	IV infusion pump			122	E	Remove			
31652	BRONCH EBUS SAMPLNG 1/2	000	Not available			60	SA044	pack, moderate sedation		1		S	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	L051A	RN	92			CL	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	EF018	stretcher			94	E	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	EF027	table, instrument, mobile			137	E	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	EQ011	ECG, 3-channel (with			137	E	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	EQ032	IV infusion pump			137	E	Remove			
31653	BRONCH EBUS SAMPLNG 3/>	000	Not available			75	SA044	pack, moderate sedation		1		S	Remove			
31654	BRONCH EBUS IVNTJ PERPH	ZZZ	Not available			30	L051A	RN	30			CL	Remove			
31654	BRONCH EBUS IVNTJ PERPH	ZZZ	Not available			30	EF018	stretcher			5	E	Remove			
31654	BRONCH EBUS IVNTJ PERPH	ZZZ	Not available			30	EF027	table, instrument, mobile			30	E	Remove			
31654	BRONCH EBUS IVNTJ PERPH	ZZZ	Not available			30	EQ011	ECG, 3-channel (with			5	E	Remove			
31654	BRONCH EBUS IVNTJ PERPH	ZZZ	Not available			30	EQ032	IV infusion pump			5	E	Remove			
31660	BRONCH THERMOPLSTY 1 LOBE	000	3	NA	6.02	50						E				
31660	BRONCH THERMOPLSTY 1 LOBE	000	3	NA	6.02	50						S				
31661	BRONCH THERMOPLSTY 2/> LOBE	000	1	NA	6.30	60						E				
31661	BRONCH THERMOPLSTY 2/> LOBE	000	1	NA	6.30	60						S				
32405	PERCUT BX	000	1,427	12.80	3.02	30	L051A	RN	92			CL		-47	45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32405	PERCUT BX	000	1,427	12.80	3.02	30	EF027	table, instrument, mobile			272	E		-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv

32405	PERCUT BX	000	1,427	12.80	3.02	30	EQ011	ECG, 3-channel (with			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32405	PERCUT BX	000	1,427	12.80	3.02	30	EQ032	IV infusion pump			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32405	PERCUT BX	000	1,427	12.80	3.02	30	SA044	pack, moderate sedation		1		S	Remove				
32550	INSERT PLEURAL CATH	000	99	22.30	6.47	30	L051A	RN	47			CL	Remove				
32550	INSERT PLEURAL CATH	000	99	22.30	6.47	30	EQ011	ECG, 3-channel (with			92	E	Remove				
32550	INSERT PLEURAL CATH	000	99	22.30	6.47	30	EQ032	IV infusion pump			92	E	Remove				
32550	INSERT PLEURAL CATH	000	99	22.30	6.47	30	EF027	table, instrument, mobile			92	E	Remove				
32550	INSERT PLEURAL CATH	000	99	22.30	6.47	30	SA044	pack, moderate sedation		1		S	Remove				
32551	INSERTION OF CHEST TUBE	000	53	NA	4.93	20						E					
32551	INSERTION OF CHEST TUBE	000	53	NA	4.93	20						S					
32553	INS MARK THOR FOR RT	000	77	16.84	5.64	45	L051A	RN	107			CL		-62		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32553	INS MARK THOR FOR RT	000	77	16.84	5.64	45	EQ032	IV infusion pump			167	E			13	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32553	INS MARK THOR FOR RT	000	77	16.84	5.64	45	EQ011	ECG, 3-channel (with			167	E			13	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32553	INS MARK THOR FOR RT	000	77	16.84	5.64	45	EF027	table, instrument, mobile			167	E			13	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
32553	INS MARK THOR FOR RT	000	77	16.84	5.64	45	SA044	pack, moderate sedation		1		S	Remove				
33262	RMVL& REPLC PULSE GEN 1 LEA	090	29	NA	11.12	60						CL					
33990	INSERT VAD ARTERY ACCESS	XXX	1	NA	12.79	60						CL					
33990	INSERT VAD ARTERY ACCESS	XXX	1	NA	12.79	60						E					
33990	INSERT VAD ARTERY ACCESS	XXX	1	NA	12.79	60						S					
33991	INSERT VAD ART&VEIN ACCESS	XXX	-	NA	18.52	90						CL					
33991	INSERT VAD ART&VEIN ACCESS	XXX	-	NA	18.52	90						E					
33991	INSERT VAD ART&VEIN ACCESS	XXX	-	NA	18.52	90						S					
33992	REMOVE VAD DIFFERENT SESSIO	XXX	1	NA	6.23	45						CL					
33992	REMOVE VAD DIFFERENT SESSIO	XXX	1	NA	6.23	45						E					
33992	REMOVE VAD DIFFERENT SESSIO	XXX	1	NA	6.23	45						S					
33993	REPOSITION VAD DIFF SESSION	XXX	1	NA	5.49	30						CL					
33993	REPOSITION VAD DIFF SESSION	XXX	1	NA	5.49	30						E					
33993	REPOSITION VAD DIFF SESSION	XXX	1	NA	5.49	30						S					
35471	REPAIR ARTERIAL BLOCKAGE	000	356	72.85	15.32	90	L051A	RN	161			CL		-116		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35471	REPAIR ARTERIAL BLOCKAGE	000	356	72.85	15.32	90	EF027	table, instrument, mobile			212	E			-32	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35471	REPAIR ARTERIAL BLOCKAGE	000	356	72.85	15.32	90	EQ032	IV infusion pump			212	E			-32	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35471	REPAIR ARTERIAL BLOCKAGE	000	356	72.85	15.32	90	EQ011	ECG, 3-channel (with			212	E			-32	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35471	REPAIR ARTERIAL BLOCKAGE	000	356	72.85	15.32	90	SA044	pack, moderate sedation		1		S	Remove				
35472	REPAIR ARTERIAL BLOCKAGE	000	152	53.33	10.51	85	L051A	RN	102			CL	Remove				
35472	REPAIR ARTERIAL BLOCKAGE	000	152	53.33	10.51	85	EF027	table, instrument, mobile			147	E	Remove				
35472	REPAIR ARTERIAL BLOCKAGE	000	152	53.33	10.51	85	EQ011	ECG, 3-channel (with			147	E	Remove				
35472	REPAIR ARTERIAL BLOCKAGE	000	152	53.33	10.51	85	EQ032	IV infusion pump			147	E	Remove				
35472	REPAIR ARTERIAL BLOCKAGE	000	152	53.33	10.51	85	SA044	pack, moderate sedation		1		S	Remove				
35475	REPAIR ARTERIAL BLOCKAGE	000	32,258	44.41	9.78	43	L051A	RN	75			CL		-60		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35475	REPAIR ARTERIAL BLOCKAGE	000	32,258	44.41	9.78	43	EQ032	IV infusion pump			285	E			-225	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35475	REPAIR ARTERIAL BLOCKAGE	000	32,258	44.41	9.78	43	EF027	table, instrument, mobile			285	E			-225	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35475	REPAIR ARTERIAL BLOCKAGE	000	32,258	44.41	9.78	43	EQ011	ECG, 3-channel (with			285	E			-225	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35475	REPAIR ARTERIAL BLOCKAGE	000	32,258	44.41	9.78	43	SA044	pack, moderate sedation		1		S	Remove				
35476	REPAIR VENOUS BLOCKAGE	000	174,916	40.60	7.91	35	L051A	RN	67			CL		-52		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35476	REPAIR VENOUS BLOCKAGE	000	174,916	40.60	7.91	35	EF027	table, instrument, mobile			277	E			-217	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35476	REPAIR VENOUS BLOCKAGE	000	174,916	40.60	7.91	35	EQ011	ECG, 3-channel (with			277	E			-217	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35476	REPAIR VENOUS BLOCKAGE	000	174,916	40.60	7.91	35	EQ032	IV infusion pump			277	E			-217	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
35476	REPAIR VENOUS BLOCKAGE	000	174,916	40.60	7.91	35	SA044	pack, moderate sedation		1		S	Remove				
36147	ACCESS AV DIAL GRFT FOR	XXX	204,204	23.77	5.44	45	L051A	RN	77			CL		-62		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36147	ACCESS AV DIAL GRFT FOR	XXX	204,204	23.77	5.44	45	EQ032	IV infusion pump			119	E			-59	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36147	ACCESS AV DIAL GRFT FOR	XXX	204,204	23.77	5.44	45	EQ011	ECG, 3-channel (with			119	E			-59	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36147	ACCESS AV DIAL GRFT FOR	XXX	204,204	23.77	5.44	45	EF027	table, instrument, mobile			119	E			-59	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36147	ACCESS AV DIAL GRFT FOR	XXX	204,204	23.77	5.44	45	SA044	pack, moderate sedation		1		S	Remove				
36148	ACCESS AV DIAL GRFT FOR	ZZZ	34,551	7.45	1.44	15	L051A	RN	15			CL	Remove				
36148	ACCESS AV DIAL GRFT FOR	ZZZ	34,551	7.45	1.44	15	EF027	table, instrument, mobile			15	E	Remove				
36148	ACCESS AV DIAL GRFT FOR	ZZZ	34,551	7.45	1.44	15	EQ011	ECG, 3-channel (with			15	E	Remove				
36148	ACCESS AV DIAL GRFT FOR	ZZZ	34,551	7.45	1.44	15	EQ032	IV infusion pump			15	E	Remove				
36200	PLACE CATHETER IN AORTA	000	3,321	17.80	4.50	30	L051A	RN	92			CL		-47		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36200	PLACE CATHETER IN AORTA	000	3,321	17.80	4.50	30	EQ011	ECG, 3-channel (with			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36200	PLACE CATHETER IN AORTA	000	3,321	17.80	4.50	30	EF027	table, instrument, mobile			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36200	PLACE CATHETER IN AORTA	000	3,321	17.80	4.50	30	EQ032	IV infusion pump			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36200	PLACE CATHETER IN AORTA	000	3,321	17.80	4.50	30	SA044	pack, moderate sedation		1		S	Remove				
36221	PLACE CATH THORACIC	000	351	31.14	6.29	30	L051A	RN	92			CL		-47		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36221	PLACE CATH THORACIC	000	351	31.14	6.29	30	EF027	table, instrument, mobile			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36221	PLACE CATH THORACIC	000	351	31.14	6.29	30	EQ011	ECG, 3-channel (with			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36221	PLACE CATH THORACIC	000	351	31.14	6.29	30	EQ032	IV infusion pump			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36221	PLACE CATH THORACIC	000	351	31.14	6.29	30	SA044	pack, moderate sedation		1		S	Remove				
36222	PLACE CATH CAROTID/INOM	000	1,399	36.07	8.63	40	L051A	RN	102			CL		-57		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36222	PLACE CATH CAROTID/INOM	000	1,399	36.07	8.63	40	EQ011	ECG, 3-channel (with			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36222	PLACE CATH CAROTID/INOM	000	1,399	36.07	8.63	40	EF027	table, instrument, mobile			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36222	PLACE CATH CAROTID/INOM	000	1,399	36.07	8.63	40	EQ032	IV infusion pump			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36222	PLACE CATH CAROTID/INOM	000	1,399	36.07	8.63	40	SA044	pack, moderate sedation		1		S	Remove				
36223	PLACE CATH CAROTID/INOM	000	2,737	43.29	9.44	45	L051A	RN	107			CL		-62		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36223	PLACE CATH CAROTID/INOM	000	2,737	43.29	9.44	45	EF027	table, instrument, mobile			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36223	PLACE CATH CAROTID/INOM	000	2,737	43.29	9.44	45	EQ011	ECG, 3-channel (with			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36223	PLACE CATH CAROTID/INOM	000	2,737	43.29	9.44	45	EQ032	IV infusion pump			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36223	PLACE CATH CAROTID/INOM	000	2,737	43.29	9.44	45	SA044	pack, moderate sedation		1		S	Remove				
36224	PLACE CATH CAROTD ART	000	545	54.00	10.67	50	L051A	RN	112			CL		-67		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36224	PLACE CATH CAROTD ART	000	545	54.00	10.67	50	EQ011	ECG, 3-channel (with			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36224	PLACE CATH CAROTD ART	000	545	54.00	10.67	50	EQ032	IV infusion pump			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36224	PLACE CATH CAROTD ART	000	545	54.00	10.67	50	EF027	table, instrument, mobile			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv

36224	PLACE CATH CAROTD ART	000	545	54.00	10.67	50	SA044	pack, moderate sedation		1		S	Remove			
36225	PLACE CATH SUBCLAVIAN	000	2,184	41.78	9.42	45	L051A	RN	107			CL		-62		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36225	PLACE CATH SUBCLAVIAN	000	2,184	41.78	9.42	45	EF027	table, instrument, mobile			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36225	PLACE CATH SUBCLAVIAN	000	2,184	41.78	9.42	45	EQ011	ECG, 3-channel (with			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36225	PLACE CATH SUBCLAVIAN	000	2,184	41.78	9.42	45	EQ032	IV infusion pump			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36225	PLACE CATH SUBCLAVIAN	000	2,184	41.78	9.42	45	SA044	pack, moderate sedation		1		S	Remove			
36226	PLACE CATH VERTEBRAL	000	1,170	52.74	10.61	50	L051A	RN	112			CL		-67		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36226	PLACE CATH VERTEBRAL	000	1,170	52.74	10.61	50	EF027	table, instrument, mobile			292	E			-112	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36226	PLACE CATH VERTEBRAL	000	1,170	52.74	10.61	50	EQ032	IV infusion pump			292	E			-112	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36226	PLACE CATH VERTEBRAL	000	1,170	52.74	10.61	50	EQ011	ECG, 3-channel (with			292	E			-112	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36226	PLACE CATH VERTEBRAL	000	1,170	52.74	10.61	50	SA044	pack, moderate sedation		1		S	Remove			
36227	PLACE CATH XTRNL CAROTID	ZZZ	165	7.47	3.39	15	L051A	RN	15			CL	Remove			
36227	PLACE CATH XTRNL CAROTID	ZZZ	165	7.47	3.39	15	EF018	stretcher			15	E	Remove			
36227	PLACE CATH XTRNL CAROTID	ZZZ	165	7.47	3.39	15	EQ011	ECG, 3-channel (with			15	E	Remove			
36227	PLACE CATH XTRNL CAROTID	ZZZ	165	7.47	3.39	15	EQ032	IV infusion pump			15	E	Remove			
36227	PLACE CATH XTRNL CAROTID	ZZZ	165	7.47	3.39	15						S				
36228	PLACE CATH INTRACRANIAL	ZZZ	32	35.90	6.89	30	L051A	RN	30			CL	Remove			
36228	PLACE CATH INTRACRANIAL	ZZZ	32	35.90	6.89	30	EQ011	ECG, 3-channel (with			30	E	Remove			
36228	PLACE CATH INTRACRANIAL	ZZZ	32	35.90	6.89	30	EQ032	IV infusion pump			30	E	Remove			
36228	PLACE CATH INTRACRANIAL	ZZZ	32	35.90	6.89	30	EF018	stretcher			30	E	Remove			
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	L051A	RN	107			CL		-62		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	EF018	stretcher			167	E			13	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	EF027	table, instrument, mobile			167	E			13	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	EQ011	ECG, 3-channel (with			167	E			13	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	EQ032	IV infusion pump			167	E			13	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36245	INS CATH ABD/L-EXT ART 1ST	XXX	4,819	38.95	7.38	45	SA044	pack, moderate sedation		1		S	Remove			
36246	INS CATH ABD/L-EXT ART 2ND	000	5,147	25.42	7.88	45	L051A	RN	107			CL		-62		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36246	INS CATH ABD/L-EXT ART 2ND	000	5,147	25.42	7.88	45	EF027	table, instrument, mobile			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36246	INS CATH ABD/L-EXT ART 2ND	000	5,147	25.42	7.88	45	EQ032	IV infusion pump			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36246	INS CATH ABD/L-EXT ART 2ND	000	5,147	25.42	7.88	45	EQ011	ECG, 3-channel (with			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36246	INS CATH ABD/L-EXT ART 2ND	000	5,147	25.42	7.88	45	SA044	pack, moderate sedation		1		S	Remove			
36247	INS CATH ABD/L-EXT ART 3RD	000	10,463	44.90	9.32	60	L051A	RN	122			CL		-77		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36247	INS CATH ABD/L-EXT ART 3RD	000	10,463	44.90	9.32	60	EF027	table, instrument, mobile			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36247	INS CATH ABD/L-EXT ART 3RD	000	10,463	44.90	9.32	60	EQ011	ECG, 3-channel (with			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36247	INS CATH ABD/L-EXT ART 3RD	000	10,463	44.90	9.32	60	EQ032	IV infusion pump			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36247	INS CATH ABD/L-EXT ART 3RD	000	10,463	44.90	9.32	60	SA044	pack, moderate sedation		1		S	Remove			
36251	INS CATH REN ART 1ST	000	428	40.50	8.24	45	L051A	RN	107			CL		-62		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36251	INS CATH REN ART 1ST	000	428	40.50	8.24	45	EQ011	ECG, 3-channel (with			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36251	INS CATH REN ART 1ST	000	428	40.50	8.24	45	EQ032	IV infusion pump			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36251	INS CATH REN ART 1ST	000	428	40.50	8.24	45	EF027	table, instrument, mobile			287	E			-107	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36251	INS CATH REN ART 1ST	000	428	40.50	8.24	45	SA044	pack, moderate sedation		1		S	Remove			
36252	INS CATH REN ART 1ST BILAT	000	2,331	43.99	10.95	53	L051A	RN	115			CL		-70		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36252	INS CATH REN ART 1ST BILAT	000	2,331	43.99	10.95	53	EQ032	IV infusion pump			295	E			-115	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36252	INS CATH REN ART 1ST BILAT	000	2,331	43.99	10.95	53	EQ011	ECG, 3-channel (with			295	E			-115	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36252	INS CATH REN ART 1ST BILAT	000	2,331	43.99	10.95	53	EF027	table, instrument, mobile			295	E			-115	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36252	INS CATH REN ART 1ST BILAT	000	2,331	43.99	10.95	53	SA044	pack, moderate sedation		1		S	Remove			
36253	INS CATH REN ART 2ND+	000	77	64.50	11.03	60	L051A	RN	122			CL		-77		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36253	INS CATH REN ART 2ND+	000	77	64.50	11.03	60	EF027	table, instrument, mobile			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36253	INS CATH REN ART 2ND+	000	77	64.50	11.03	60	EQ011	ECG, 3-channel (with			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36253	INS CATH REN ART 2ND+	000	77	64.50	11.03	60	EQ032	IV infusion pump			302	E			-122	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36253	INS CATH REN ART 2ND+	000	77	64.50	11.03	60	SA044	pack, moderate sedation		1		S	Remove			
36254	INS CATH REN ART 2ND+	000	146	62.75	12.71	68	L051A	RN	130			CL		-85		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36254	INS CATH REN ART 2ND+	000	146	62.75	12.71	68	EQ011	ECG, 3-channel (with			310	E			-130	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36254	INS CATH REN ART 2ND+	000	146	62.75	12.71	68	EQ032	IV infusion pump			310	E			-130	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36254	INS CATH REN ART 2ND+	000	146	62.75	12.71	68	EF027	table, instrument, mobile			310	E			-130	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36254	INS CATH REN ART 2ND+	000	146	62.75	12.71	68	SA044	pack, moderate sedation		1		S	Remove			
36481	INSERTION OF CATHETER	000	9	58.66	10.27	75	L051A	RN	137			CL		-92		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36481	INSERTION OF CATHETER	000	9	58.66	10.27	75	EF027	table, instrument, mobile			317	E			-137	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36481	INSERTION OF CATHETER	000	9	58.66	10.27	75	EQ011	ECG, 3-channel (with			317	E			-137	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36481	INSERTION OF CATHETER	000	9	58.66	10.27	75	EQ032	IV infusion pump			317	E			-137	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
36481	INSERTION OF CATHETER	000	9	58.66	10.27	75	SA044	pack, moderate sedation		1		S	Remove			
36555	INSERT NON-TUNNEL CV	000	-	7.23	3.38	20	L051A	RN	37			CL	Remove			
36555	INSERT NON-TUNNEL CV	000	-	7.23	3.38	20	EF027	table, instrument, mobile			82	E	Remove			
36555	INSERT NON-TUNNEL CV	000	-	7.23	3.38	20	EQ011	ECG, 3-channel (with			82	E	Remove			
36555	INSERT NON-TUNNEL CV	000	-	7.23	3.38	20	EQ032	IV infusion pump			82	E	Remove			
36555	INSERT NON-TUNNEL CV	000	-	7.23	3.38	20	SA044	pack, moderate sedation		1		S	Remove			
36557	INSERT TUNNELED CV CATH	010	-	29.14	9.57	30	L051A	RN	47			CL	Remove			
36557	INSERT TUNNELED CV CATH	010	-	29.14	9.57	30	EF027	table, instrument, mobile			92	E	Remove			
36557	INSERT TUNNELED CV CATH	010	-	29.14	9.57	30	EQ011	ECG, 3-channel (with			92	E	Remove			
36557	INSERT TUNNELED CV CATH	010	-	29.14	9.57	30	EQ032	IV infusion pump			92	E	Remove			
36557	INSERT TUNNELED CV CATH	010	-	29.14	9.57	30	SA044	pack, moderate sedation		1		S	Remove			
36558	INSERT TUNNELED CV CATH	010	9,267	22.31	8.07	30	L051A	RN	47			CL	Remove			
36558	INSERT TUNNELED CV CATH	010	9,267	22.31	8.07	30	EQ011	ECG, 3-channel (with			92	E	Remove			
36558	INSERT TUNNELED CV CATH	010	9,267	22.31	8.07	30	EQ032	IV infusion pump			92	E	Remove			
36558	INSERT TUNNELED CV CATH	010	9,267	22.31	8.07	30	EF027	table, instrument, mobile			92	E	Remove			
36558	INSERT TUNNELED CV CATH	010	9,267	22.31	8.07	30	SA044	pack, moderate sedation		1		S	Remove			
36560	INSERT TUNNELED CV CATH	010	-	30.53	10.26	45	L051A	RN	62			CL	Remove			
36560	INSERT TUNNELED CV CATH	010	-	30.53	10.26	45	EF027	table, instrument, mobile			107	E	Remove			
36560	INSERT TUNNELED CV CATH	010	-	30.53	10.26	45	EQ011	ECG, 3-channel (with			107	E	Remove			
36560	INSERT TUNNELED CV CATH	010	-	30.53	10.26	45	EQ032	IV infusion pump			107	E	Remove			
36560	INSERT TUNNELED CV CATH	010	-	30.53	10.26	45	SA044	pack, moderate sedation		1		S	Remove			
36561	INSERT TUNNELED CV CATH	010	5,142	33.51	10.28	45	L051A	RN	62			CL	Remove			
36561	INSERT TUNNELED CV CATH	010	5,142	33.51	10.28	45	EF027	table, instrument, mobile			107	E	Remove			
36561	INSERT TUNNELED CV CATH	010	5,142	33.51	10.28	45	EQ011	ECG, 3-channel (with			107	E	Remove			
36561	INSERT TUNNELED CV CATH	010	5,142	33.51	10.28	45	EQ032	IV infusion pump			107	E	Remove			
36561	INSERT TUNNELED CV CATH	010	5,142	33.51	10.28	45	SA044	pack, moderate sedation		1		S	Remove			
36563	INSERT TUNNELED CV CATH	010	11	38.09	11.08	60	L051A	RN	77			CL	Remove			
36563	INSERT TUNNELED CV CATH	010	11	38.09	11.08	60	EQ032	IV infusion pump			122	E	Remove			
36563	INSERT TUNNELED CV CATH	010	11	38.09	11.08	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36563	INSERT TUNNELED CV CATH	010	11	38.09	11.08	60	EF027	table, instrument, mobile			122	E	Remove			
36563	INSERT TUNNELED CV CATH	010	11	38.09	11.08	60	SA044	pack, moderate sedation		1		S	Remove			
36565	INSERT TUNNELED CV CATH	010	42	27.54	10.14	45	L051A	RN	62			CL	Remove			
36565	INSERT TUNNELED CV CATH	010	42	27.54	10.14	45	EF027	table, instrument, mobile			107	E	Remove			
36565	INSERT TUNNELED CV CATH	010	42	27.54	10.14	45	EQ011	ECG, 3-channel (with			107	E	Remove			
36565	INSERT TUNNELED CV CATH	010	42	27.54	10.14	45	EQ032	IV infusion pump			107	E	Remove			

36565	INSERT TUNNELED CV CATH	010	42	27.54	10.14	45	SA044	pack, moderate sedation		1		S	Remove			
36566	INSERT TUNNELED CV CATH	010	2	157.46	11.23	60	L051A	RN	77			CL	Remove			
36566	INSERT TUNNELED CV CATH	010	2	157.46	11.23	60	EF027	table, instrument, mobile			122	E	Remove			
36566	INSERT TUNNELED CV CATH	010	2	157.46	11.23	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36566	INSERT TUNNELED CV CATH	010	2	157.46	11.23	60	EQ032	IV infusion pump			122	E	Remove			
36566	INSERT TUNNELED CV CATH	010	2	157.46	11.23	60	SA044	pack, moderate sedation		1		S	Remove			
36568	INSERT PICC CATH	000	-	8.64	2.87	20	L051A	RN	37			CL	Remove			
36568	INSERT PICC CATH	000	-	8.64	2.87	20	EQ032	IV infusion pump			82	E	Remove			
36568	INSERT PICC CATH	000	-	8.64	2.87	20	EF027	table, instrument, mobile			82	E	Remove			
36568	INSERT PICC CATH	000	-	8.64	2.87	20	EQ011	ECG, 3-channel (with			82	E	Remove			
36568	INSERT PICC CATH	000	-	8.64	2.87	20	SA044	pack, moderate sedation		1		S	Remove			
36570	INSERT PICVAD CATH	010	-	33.86	8.85	45	L051A	RN	62			CL	Remove			
36570	INSERT PICVAD CATH	010	-	33.86	8.85	45	EF027	table, instrument, mobile			107	E	Remove			
36570	INSERT PICVAD CATH	010	-	33.86	8.85	45	EQ011	ECG, 3-channel (with			107	E	Remove			
36570	INSERT PICVAD CATH	010	-	33.86	8.85	45	EQ032	IV infusion pump			107	E	Remove			
36570	INSERT PICVAD CATH	010	-	33.86	8.85	45	SA044	pack, moderate sedation		1		S	Remove			
36571	INSERT PICVAD CATH	010	384	37.26	9.40	50	L051A	RN	67			CL	Remove			
36571	INSERT PICVAD CATH	010	384	37.26	9.40	50	EQ032	IV infusion pump			112	E	Remove			
36571	INSERT PICVAD CATH	010	384	37.26	9.40	50	EF027	table, instrument, mobile			112	E	Remove			
36571	INSERT PICVAD CATH	010	384	37.26	9.40	50	EQ011	ECG, 3-channel (with			112	E	Remove			
36571	INSERT PICVAD CATH	010	384	37.26	9.40	50	SA044	pack, moderate sedation		1		S	Remove			
36576	REPAIR TUNNELED CV CATH	010	43	11.10	5.76	33	L051A	RN	50			CL	Remove			
36576	REPAIR TUNNELED CV CATH	010	43	11.10	5.76	33	EF027	table, instrument, mobile			95	E	Remove			
36576	REPAIR TUNNELED CV CATH	010	43	11.10	5.76	33	EQ011	ECG, 3-channel (with			95	E	Remove			
36576	REPAIR TUNNELED CV CATH	010	43	11.10	5.76	33	EQ032	IV infusion pump			95	E	Remove			
36576	REPAIR TUNNELED CV CATH	010	43	11.10	5.76	33	SA044	pack, moderate sedation		1		S	Remove			
36578	REPLACE TUNNELED CV	010	15	14.88	6.31	30	L051A	RN	47			CL	Remove			
36578	REPLACE TUNNELED CV	010	15	14.88	6.31	30	EF027	table, instrument, mobile			92	E	Remove			
36578	REPLACE TUNNELED CV	010	15	14.88	6.31	30	EQ011	ECG, 3-channel (with			92	E	Remove			
36578	REPLACE TUNNELED CV	010	15	14.88	6.31	30	EQ032	IV infusion pump			92	E	Remove			
36578	REPLACE TUNNELED CV	010	15	14.88	6.31	30	SA044	pack, moderate sedation		1		S	Remove			
36581	REPLACE TUNNELED CV	010	14,921	21.87	5.72	30	L051A	RN	47			CL	Remove			
36581	REPLACE TUNNELED CV	010	14,921	21.87	5.72	30	EF027	table, instrument, mobile			92	E	Remove			
36581	REPLACE TUNNELED CV	010	14,921	21.87	5.72	30	EQ011	ECG, 3-channel (with			92	E	Remove			
36581	REPLACE TUNNELED CV	010	14,921	21.87	5.72	30	EQ032	IV infusion pump			92	E	Remove			
36581	REPLACE TUNNELED CV	010	14,921	21.87	5.72	30	SA044	pack, moderate sedation		1		S	Remove			
36582	REPLACE TUNNELED CV	010	117	31.27	8.91	60	L051A	RN	77			CL	Remove			
36582	REPLACE TUNNELED CV	010	117	31.27	8.91	60	EF027	table, instrument, mobile			122	E	Remove			
36582	REPLACE TUNNELED CV	010	117	31.27	8.91	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36582	REPLACE TUNNELED CV	010	117	31.27	8.91	60	EQ032	IV infusion pump			122	E	Remove			
36582	REPLACE TUNNELED CV	010	117	31.27	8.91	60	SA044	pack, moderate sedation		1		S	Remove			
36583	REPLACE TUNNELED CV	010	2	38.93	9.82	60	L051A	RN	77			CL	Remove			
36583	REPLACE TUNNELED CV	010	2	38.93	9.82	60	EQ032	IV infusion pump			122	E	Remove			
36583	REPLACE TUNNELED CV	010	2	38.93	9.82	60	EF027	table, instrument, mobile			122	E	Remove			
36583	REPLACE TUNNELED CV	010	2	38.93	9.82	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36583	REPLACE TUNNELED CV	010	2	38.93	9.82	60	SA044	pack, moderate sedation		1		S	Remove			
36585	REPLACE PICVAD CATH	010	4	33.01	8.26	60	L051A	RN	77			CL	Remove			
36585	REPLACE PICVAD CATH	010	4	33.01	8.26	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36585	REPLACE PICVAD CATH	010	4	33.01	8.26	60	EF027	table, instrument, mobile			122	E	Remove			
36585	REPLACE PICVAD CATH	010	4	33.01	8.26	60	EQ032	IV infusion pump			122	E	Remove			
36585	REPLACE PICVAD CATH	010	4	33.01	8.26	60	SA044	pack, moderate sedation		1		S	Remove			
36590	REMOVAL TUNNELED CV	010	10,172	8.40	5.96	30	L051A	RN	47			CL	Remove			
36590	REMOVAL TUNNELED CV	010	10,172	8.40	5.96	30	EF027	table, instrument, mobile			92	E	Remove			
36590	REMOVAL TUNNELED CV	010	10,172	8.40	5.96	30	EQ032	IV infusion pump			92	E	Remove			
36590	REMOVAL TUNNELED CV	010	10,172	8.40	5.96	30	EQ011	ECG, 3-channel (with			92	E	Remove			
36590	REMOVAL TUNNELED CV	010	10,172	8.40	5.96	30	SA044	pack, moderate sedation		1		S	Remove			
36870	PERCUT THROMBECT AV	090	32,157	52.17	8.77	60	L051A	RN	77			CL	Remove			
36870	PERCUT THROMBECT AV	090	32,157	52.17	8.77	60	EQ032	IV infusion pump			122	E	Remove			
36870	PERCUT THROMBECT AV	090	32,157	52.17	8.77	60	EQ011	ECG, 3-channel (with			122	E	Remove			
36870	PERCUT THROMBECT AV	090	32,157	52.17	8.77	60	EF027	table, instrument, mobile			122	E	Remove			
37183	REMOVE HEPATIC SHUNT	000	4	168.10	11.52	77.5	L051A	RN	142.5			CL		-94.5		45 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time. 3
37183	REMOVE HEPATIC SHUNT	000	4	168.10	11.52	77.5	EQ032	IV infusion pump			319.5	E			-139.5	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37183	REMOVE HEPATIC SHUNT	000	4	168.10	11.52	77.5	EQ011	ECG, 3-channel (with			319.5	E			-139.5	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37183	REMOVE HEPATIC SHUNT	000	4	168.10	11.52	77.5	EF027	table, instrument, mobile			319.5	E			-139.5	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37183	REMOVE HEPATIC SHUNT	000	4	168.10	11.52	77.5	SA044	pack, moderate sedation		1		S	Remove			
37184	PRIM ART M-THRMBC 1ST	000	1,733	64.79	13.53	90	L051A	RN	107			CL	Remove			
37184	PRIM ART M-THRMBC 1ST	000	1,733	64.79	13.53	90	EQ011	ECG, 3-channel (with			152	E	Remove			
37184	PRIM ART M-THRMBC 1ST	000	1,733	64.79	13.53	90	EQ032	IV infusion pump			152	E	Remove			
37184	PRIM ART M-THRMBC 1ST	000	1,733	64.79	13.53	90	EF027	table, instrument, mobile			152	E	Remove			
37184	PRIM ART M-THRMBC 1ST	000	1,733	64.79	13.53	90	SA044	pack, moderate sedation		1		S	Remove			
37185	PRIM ART M-THRMBC SBSQ	ZZZ	1,226	20.50	4.92	40	L051A	RN	40			CL	Remove			
37185	PRIM ART M-THRMBC SBSQ	ZZZ	1,226	20.50	4.92	40	EF027	table, instrument, mobile			40	E	Remove			
37185	PRIM ART M-THRMBC SBSQ	ZZZ	1,226	20.50	4.92	40	EQ011	ECG, 3-channel (with			40	E	Remove			
37185	PRIM ART M-THRMBC SBSQ	ZZZ	1,226	20.50	4.92	40	EQ032	IV infusion pump			40	E	Remove			
37186	SEC ART THROMBECTOMY	ZZZ	1,590	39.27	7.30	60	L051A	RN	60			CL	Remove			
37186	SEC ART THROMBECTOMY	ZZZ	1,590	39.27	7.30	60	EQ011	ECG, 3-channel (with			60	E	Remove			
37186	SEC ART THROMBECTOMY	ZZZ	1,590	39.27	7.30	60	EQ032	IV infusion pump			60	E	Remove			
37186	SEC ART THROMBECTOMY	ZZZ	1,590	39.27	7.30	60	EF027	table, instrument, mobile			60	E	Remove			
37187	VENOUS MECH	000	2,166	58.82	11.94	85	L051A	RN	102			CL	Remove			
37187	VENOUS MECH	000	2,166	58.82	11.94	85	EQ011	ECG, 3-channel (with			147	E	Remove			
37187	VENOUS MECH	000	2,166	58.82	11.94	85	EQ032	IV infusion pump			147	E	Remove			
37187	VENOUS MECH	000	2,166	58.82	11.94	85	EF027	table, instrument, mobile			147	E	Remove			
37187	VENOUS MECH	000	2,166	58.82	11.94	85	SA044	pack, moderate sedation		1		S	Remove			
37188	VENOUS M-THROMBECTOMY	000	-	50.20	8.59	58	L051A	RN	75			CL	Remove			
37188	VENOUS M-THROMBECTOMY	000	-	50.20	8.59	58	SA044	pack, moderate sedation		1		S	Remove			
37188	VENOUS M-THROMBECTOMY	000	-	50.20	8.59	58	EQ032	IV infusion pump			120	E	Remove			
37188	VENOUS M-THROMBECTOMY	000	-	50.20	8.59	58	EQ011	ECG, 3-channel (with			120	E	Remove			
37188	VENOUS M-THROMBECTOMY	000	-	50.20	8.59	58	EF027	table, instrument, mobile			120	E	Remove			
37191	INS ENDOVAS VENA CAVA	000	679	74.98	7.00	30	SA044	pack, moderate sedation		1		S	Remove			
37191	INS ENDOVAS VENA CAVA	000	679	74.98	7.00	30	L051A	RN	62			CL		-47		15 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37191	INS ENDOVAS VENA CAVA	000	679	74.98	7.00	30	EQ011	ECG, 3-channel (with			272	E			-212	60 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37191	INS ENDOVAS VENA CAVA	000	679	74.98	7.00	30	EF027	table, instrument, mobile			272	E			-212	60 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37191	INS ENDOVAS VENA CAVA	000	679	74.98	7.00	30	EQ032	IV infusion pump			272	E			-212	60 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37192	REDO ENDOVAS VENA CAVA	000	5	47.84	10.94	45	SA044	pack, moderate sedation		1		S	Remove			
37192	REDO ENDOVAS VENA CAVA	000	5	47.84	10.94	45	L051A	RN	107			CL		-62		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv

37192	REDO ENDOVAS VENA CAVA	000	5	47.84	10.94	45	EQ032	IV infusion pump			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37192	REDO ENDOVAS VENA CAVA	000	5	47.84	10.94	45	EF027	table, instrument, mobile			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37192	REDO ENDOVAS VENA CAVA	000	5	47.84	10.94	45	EQ011	ECG, 3-channel (with			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37193	REM ENDOVAS VENA CAVA	000	396	45.67	10.73	45	SA044	pack, moderate sedation		1		S	Remove				
37193	REM ENDOVAS VENA CAVA	000	396	45.67	10.73	45	L051A	RN	107			CL		-62		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37193	REM ENDOVAS VENA CAVA	000	396	45.67	10.73	45	EQ011	ECG, 3-channel (with			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37193	REM ENDOVAS VENA CAVA	000	396	45.67	10.73	45	EF027	table, instrument, mobile			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37193	REM ENDOVAS VENA CAVA	000	396	45.67	10.73	45	EQ032	IV infusion pump			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37197	REMOVE INTRVAS FOREIGN	000	526	43.34	9.29	60	SA044	pack, moderate sedation		1		S	Remove				
37197	REMOVE INTRVAS FOREIGN	000	526	43.34	9.29	60	L051A	RN	122			CL		-77		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37197	REMOVE INTRVAS FOREIGN	000	526	43.34	9.29	60	EF027	table, instrument, mobile			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37197	REMOVE INTRVAS FOREIGN	000	526	43.34	9.29	60	EQ011	ECG, 3-channel (with			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37197	REMOVE INTRVAS FOREIGN	000	526	43.34	9.29	60	EQ032	IV infusion pump			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37211	THROMBOLYTIC ART THERAPY	000	1,289	NA	11.73	60						S					
37211	THROMBOLYTIC ART THERAPY	000	1,289	NA	11.73	60						CL					
37211	THROMBOLYTIC ART THERAPY	000	1,289	NA	11.73	60						E					
37212	THROMBOLYTIC VENOUS THERAPY	000	514	NA	10.28	60						S					
37212	THROMBOLYTIC VENOUS THERAPY	000	514	NA	10.28	60						CL					
37212	THROMBOLYTIC VENOUS THERAPY	000	514	NA	10.28	60						E					
37213	THROMBLYTIC ART/VEN THERAPY	000	-	NA	7.25	33						S					
37213	THROMBLYTIC ART/VEN THERAPY	000	-	NA	7.25	33						CL					
37213	THROMBLYTIC ART/VEN THERAPY	000	-	NA	7.25	33						E					
37214	CESSJ THERAPY CATH REMOVAL	000	14	NA	3.99	38						S					
37214	CESSJ THERAPY CATH REMOVAL	000	14	NA	3.99	38						CL					
37214	CESSJ THERAPY CATH REMOVAL	000	14	NA	3.99	38						E					
37216	TRANSCATH STENT CCA W/O EPS	090	Not available	0.00	0.00	90						S					
37216	TRANSCATH STENT CCA W/O EPS	090	Not available	0.00	0.00	90						CL					
37216	TRANSCATH STENT CCA W/O EPS	090	Not available	0.00	0.00	90						E					
37220	ILIAC REVASC	000	2,308	89.92	12.23	60	SA044	pack, moderate sedation		1		S	Remove				
37220	ILIAC REVASC	000	2,308	89.92	12.23	60	L051A	RN	122			CL		-77		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37220	ILIAC REVASC	000	2,308	89.92	12.23	60	EF027	table, instrument, mobile			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37220	ILIAC REVASC	000	2,308	89.92	12.23	60	EQ011	ECG, 3-channel (with			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37220	ILIAC REVASC	000	2,308	89.92	12.23	60	EQ032	IV infusion pump			302	E			-122	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37221	ILIAC REVASC W/STENT	000	5,204	132.59	15.02	90	SA044	pack, moderate sedation		1		S	Remove				
37221	ILIAC REVASC W/STENT	000	5,204	132.59	15.02	90	L051A	RN	152			CL		-107		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37221	ILIAC REVASC W/STENT	000	5,204	132.59	15.02	90	EQ032	IV infusion pump			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37221	ILIAC REVASC W/STENT	000	5,204	132.59	15.02	90	EQ011	ECG, 3-channel (with			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37221	ILIAC REVASC W/STENT	000	5,204	132.59	15.02	90	EF027	table, instrument, mobile			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37222	ILIAC REVASC ADD-ON	ZZZ	822	25.23	5.51	40	L051A	RN	40			CL	Remove				
37222	ILIAC REVASC ADD-ON	ZZZ	822	25.23	5.51	40	EQ032	IV infusion pump			40	E	Remove				
37222	ILIAC REVASC ADD-ON	ZZZ	822	25.23	5.51	40	EF027	table, instrument, mobile			40	E	Remove				
37222	ILIAC REVASC ADD-ON	ZZZ	822	25.23	5.51	40	EQ011	ECG, 3-channel (with			40	E	Remove				
37223	ILIAC REVASC W/STENT ADD-	ZZZ	630	73.88	6.33	45	L051A	RN	45			CL	Remove				
37223	ILIAC REVASC W/STENT ADD-	ZZZ	630	73.88	6.33	45	EQ032	IV infusion pump			45	E	Remove				
37223	ILIAC REVASC W/STENT ADD-	ZZZ	630	73.88	6.33	45	EQ011	ECG, 3-channel (with			45	E	Remove				
37223	ILIAC REVASC W/STENT ADD-	ZZZ	630	73.88	6.33	45	EF027	table, instrument, mobile			45	E	Remove				
37224	FEM/POPL REVAS W/TLA	000	3,192	109.10	13.48	80	SA044	pack, moderate sedation		1		S	Remove				
37224	FEM/POPL REVAS W/TLA	000	3,192	109.10	13.48	80	L051A	RN	142			CL		-97		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37224	FEM/POPL REVAS W/TLA	000	3,192	109.10	13.48	80	EQ011	ECG, 3-channel (with			322	E			-142	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37224	FEM/POPL REVAS W/TLA	000	3,192	109.10	13.48	80	EF027	table, instrument, mobile			322	E			-142	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37224	FEM/POPL REVAS W/TLA	000	3,192	109.10	13.48	80	EQ032	IV infusion pump			322	E			-142	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37225	FEM/POPL REVAS W/ATHER	000	11,138	313.80	18.21	118	SA044	pack, moderate sedation		1		S	Remove				
37225	FEM/POPL REVAS W/ATHER	000	11,138	313.80	18.21	118	L051A	RN	180			CL		-135		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37225	FEM/POPL REVAS W/ATHER	000	11,138	313.80	18.21	118	EF027	table, instrument, mobile			360	E			-180	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37225	FEM/POPL REVAS W/ATHER	000	11,138	313.80	18.21	118	EQ011	ECG, 3-channel (with			360	E			-180	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37225	FEM/POPL REVAS W/ATHER	000	11,138	313.80	18.21	118	EQ032	IV infusion pump			360	E			-180	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37226	FEM/POPL REVASC W/STENT	000	2,192	258.06	15.83	90	SA044	pack, moderate sedation		1		S	Remove				
37226	FEM/POPL REVASC W/STENT	000	2,192	258.06	15.83	90	L051A	RN	152			CL		-107		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37226	FEM/POPL REVASC W/STENT	000	2,192	258.06	15.83	90	EQ011	ECG, 3-channel (with			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37226	FEM/POPL REVASC W/STENT	000	2,192	258.06	15.83	90	EQ032	IV infusion pump			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37226	FEM/POPL REVASC W/STENT	000	2,192	258.06	15.83	90	EF027	table, instrument, mobile			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37227	FEM/POPL REVASC STNT &	000	8,372	423.76	21.90	125	SA044	pack, moderate sedation		1		S	Remove				
37227	FEM/POPL REVASC STNT &	000	8,372	423.76	21.90	125	L051A	RN	187			CL		-142		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37227	FEM/POPL REVASC STNT &	000	8,372	423.76	21.90	125	EQ032	IV infusion pump			367	E			-187	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37227	FEM/POPL REVASC STNT &	000	8,372	423.76	21.90	125	EF027	table, instrument, mobile			367	E			-187	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37227	FEM/POPL REVASC STNT &	000	8,372	423.76	21.90	125	EQ011	ECG, 3-channel (with			367	E			-187	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37228	TIB/PER REVASC W/TLA	000	3,123	155.15	16.45	90	SA044	pack, moderate sedation		1		S	Remove				
37228	TIB/PER REVASC W/TLA	000	3,123	155.15	16.45	90	L051A	RN	152			CL		-107		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37228	TIB/PER REVASC W/TLA	000	3,123	155.15	16.45	90	EQ032	IV infusion pump			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37228	TIB/PER REVASC W/TLA	000	3,123	155.15	16.45	90	EQ011	ECG, 3-channel (with			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37228	TIB/PER REVASC W/TLA	000	3,123	155.15	16.45	90	EF027	table, instrument, mobile			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37229	TIB/PER REVASC W/ATHER	000	11,130	309.59	21.25	120	SA044	pack, moderate sedation		1		S	Remove				
37229	TIB/PER REVASC W/ATHER	000	11,130	309.59	21.25	120	L051A	RN	182			CL		-137		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37229	TIB/PER REVASC W/ATHER	000	11,130	309.59	21.25	120	EQ032	IV infusion pump			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37229	TIB/PER REVASC W/ATHER	000	11,130	309.59	21.25	120	EF027	table, instrument, mobile			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37229	TIB/PER REVASC W/ATHER	000	11,130	309.59	21.25	120	EQ011	ECG, 3-channel (with			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37230	TIB/PER REVASC W/STENT	000	174	236.72	20.96	120	SA044	pack, moderate sedation		1		S	Remove				
37230	TIB/PER REVASC W/STENT	000	174	236.72	20.96	120	L051A	RN	182			CL		-137		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37230	TIB/PER REVASC W/STENT	000	174	236.72	20.96	120	EF027	table, instrument, mobile			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv

37230	TIB/PER REVASC W/STENT	000	174	236.72	20.96	120	EQ011	ECG, 3-channel (with			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37230	TIB/PER REVASC W/STENT	000	174	236.72	20.96	120	EQ032	IV infusion pump			362	E			-182	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37231	TIB/PER REVASC STENT &	000	888	380.32	22.78	135	SA044	pack, moderate sedation		1		S	Remove				
37231	TIB/PER REVASC STENT &	000	888	380.32	22.78	135	L051A	RN	197			CL		-152		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37231	TIB/PER REVASC STENT &	000	888	380.32	22.78	135	EQ011	ECG, 3-channel (with			377	E			-197	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37231	TIB/PER REVASC STENT &	000	888	380.32	22.78	135	EF027	table, instrument, mobile			377	E			-197	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37231	TIB/PER REVASC STENT &	000	888	380.32	22.78	135	EQ032	IV infusion pump			377	E			-197	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37232	TIB/PER REVASC ADD-ON	ZZZ	1,869	34.62	5.97	40	L051A	RN	40			CL	Remove				
37232	TIB/PER REVASC ADD-ON	ZZZ	1,869	34.62	5.97	40	EF027	table, instrument, mobile			40	E	Remove				
37232	TIB/PER REVASC ADD-ON	ZZZ	1,869	34.62	5.97	40	EQ011	ECG, 3-channel (with			40	E	Remove				
37232	TIB/PER REVASC ADD-ON	ZZZ	1,869	34.62	5.97	40	EQ032	IV infusion pump			40	E	Remove				
37233	TIBPER REVASC W/ATHER	ZZZ	2,810	41.88	9.70	60	L051A	RN	60			CL	Remove				
37233	TIBPER REVASC W/ATHER	ZZZ	2,810	41.88	9.70	60	EF027	table, instrument, mobile			60	E	Remove				
37233	TIBPER REVASC W/ATHER	ZZZ	2,810	41.88	9.70	60	EQ032	IV infusion pump			60	E	Remove				
37233	TIBPER REVASC W/ATHER	ZZZ	2,810	41.88	9.70	60	EQ011	ECG, 3-channel (with			60	E	Remove				
37234	REVSC OPN/PRQ TIB/PERO	ZZZ	41	110.40	8.39	60	L051A	RN	60			CL	Remove				
37234	REVSC OPN/PRQ TIB/PERO	ZZZ	41	110.40	8.39	60	EF027	table, instrument, mobile			60	E	Remove				
37234	REVSC OPN/PRQ TIB/PERO	ZZZ	41	110.40	8.39	60	EQ011	ECG, 3-channel (with			60	E	Remove				
37234	REVSC OPN/PRQ TIB/PERO	ZZZ	41	110.40	8.39	60	EQ032	IV infusion pump			60	E	Remove				
37235	TIB/PER REVASC STNT &	ZZZ	62	118.57	11.53	80	L051A	RN	80			CL	Remove				
37235	TIB/PER REVASC STNT &	ZZZ	62	118.57	11.53	80	EQ032	IV infusion pump			80	E	Remove				
37235	TIB/PER REVASC STNT &	ZZZ	62	118.57	11.53	80	EQ011	ECG, 3-channel (with			80	E	Remove				
37235	TIB/PER REVASC STNT &	ZZZ	62	118.57	11.53	80	EF027	table, instrument, mobile			80	E	Remove				
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	SA044	pack, moderate sedation		1		S	Remove				
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	L051A	RN	152			CL		-107		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	EQ011	ECG, 3-channel (with			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	EF027	table, instrument, mobile			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	EF018	stretcher			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37236	OPEN/PERQ PLACE STENT	000	2,034	118.06	13.35	90	EQ032	IV infusion pump			332	E			-152	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37237	OPEN/PERQ PLACE STENT EA	ZZZ	135	70.77	6.34	45	L051A	RN	45			CL	Remove				
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	SA044	pack, moderate sedation		1		S	Remove				
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	L051A	RN	107			CL		-77		30	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	EQ032	IV infusion pump			302	E			-182	120	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	EF018	stretcher			242	E			-122	120	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	EF027	table, instrument, mobile			302	E			-182	120	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37238	OPEN/PERQ PLACE STENT	000	17,902	117.02	9.35	60	EQ011	ECG, 3-channel (with			302	E			-182	120	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
37239	OPEN/PERQ PLACE STENT EA	ZZZ	1,389	57.75	4.43	30	L051A	RN	30			CL	Remove				
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	SA044	pack, moderate sedation		1		S	Remove				
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	L051A	RN	140			CL		-107		30	RUC agreed to 3 hours of monitoring time so 30 minutes placed in post-procedure monitoring time. 3
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	EQ032	IV infusion pump			272	E			-152	120	RUC agreed to 3 hours of monitoring time so 30 minutes placed in post-procedure monitoring time.
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	EF018	stretcher			272	E			-152	120	RUC agreed to 3 hours of monitoring time so 30 minutes placed in post-procedure monitoring time.
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	EF027	table, instrument, mobile			272	E			-152	120	RUC agreed to 3 hours of monitoring time so 30 minutes placed in post-procedure monitoring time.
37241	VASC EMBOLIZE/OCCLUDE	000	13,346	130.70	12.98	90	EQ011	ECG, 3-channel (with			272	E			-152	120	RUC agreed to 3 hours of monitoring time so 30 minutes placed in post-procedure monitoring time.
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	SA044	pack, moderate sedation		1		S	Remove				
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	L051A	RN	165			CL		-117		45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time. 3
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	EF018	stretcher			342	E			-162	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	EF027	table, instrument, mobile			342	E			-162	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	EQ032	IV infusion pump			342	E			-162	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37242	VASC EMBOLIZE/OCCLUDE	000	340	220.30	14.47	100	EQ011	ECG, 3-channel (with			342	E			-162	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	SA044	pack, moderate sedation		1		S	Remove				
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	L051A	RN	185			CL		-137		45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time. 3
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	EQ032	IV infusion pump			362	E			-182	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	EF018	stretcher			362	E			-182	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	EF027	table, instrument, mobile			362	E			-182	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37243	VASC EMBOLIZE/OCCLUDE	000	155	278.10	17.24	120	EQ011	ECG, 3-channel (with			362	E			-182	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	SA044	pack, moderate sedation		1		S	Remove				
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	L051A	RN	155			CL		-107		45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time. 3
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	EF018	stretcher			332	E			-152	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	EF027	table, instrument, mobile			332	E			-152	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	EQ032	IV infusion pump			332	E			-152	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37244	VASC EMBOLIZE/OCCLUDE	000	27	194.62	20.12	90	EQ011	ECG, 3-channel (with			332	E			-152	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
37252	INTRVASC US NONCORONARY 1ST	ZZZ	Not available			20	L051A	RN	20			CL	Remove				
37253	INTRVASC US NONCORONARY ADD	ZZZ	Not available			20	L051A	RN	20			CL	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	SA044	pack, moderate sedation		1		S	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	L051A	RN	32			CL	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	EQ011	ECG, 3-channel (with			77	E	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	EF018	stretcher			77	E	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	EF027	table, instrument, mobile			77	E	Remove				
43200	ESOPHAGOSCOPY FLEXIBLE	000	1,481	7.75	2.74	15	EQ032	IV infusion pump			77	E	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	SA044	pack, moderate sedation		1		S	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	L051A	RN	32			CL	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	EQ011	ECG, 3-channel (with			80	E	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	EQ032	IV infusion pump			80	E	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	EF027	table, instrument, mobile			80	E	Remove				
43201	ESOPH SCOPE	000	3	7.92	3.22	15	EF018	stretcher			80	E	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	SA044	pack, moderate sedation		1		S	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	L051A	RN	32			CL	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	EQ011	ECG, 3-channel (with			82	E	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	EF018	stretcher			82	E	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	EF027	table, instrument, mobile			82	E	Remove				
43202	ESOPHAGOSCOPY FLEX	000	171	10.40	3.23	15	EQ032	IV infusion pump			82	E	Remove				
43204	ESOPH SCOPE W/SCLEROSIS INJ	000	1	NA	4.22	20						S					
43205	ESOPHAGUS ENDOSCOPY/LIGATIO	000	3	NA	4.35	20						S					
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	SA044	pack, moderate sedation		1		S	Remove				
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	L051A	RN	47			CL	Remove				
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	EQ011	ECG, 3-channel (with			92	E	Remove				
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	EQ032	IV infusion pump			92	E	Remove				
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	EF027	table, instrument, mobile			92	E	Remove				
43206	ESOPH OPTICAL	000	-	9.46	4.11	30	EF018	stretcher			92	E	Remove				
43211	ESOPHAGOSCOP MUCOSAL RESECT	000	-	NA	7.27	45						S					

43211	ESOPHAGOSCOP MUCOSAL RESECT	000	-	NA	7.27	45						E	
43212	ESOPHAGOSCOP STENT PLACEMEN	000	2	NA	5.79	30						S	
43212	ESOPHAGOSCOP STENT PLACEMEN	000	2	NA	5.79	30						E	
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	SA044	pack, moderate sedation		1		S	Remove
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	L051A	RN	62			CL	Remove
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	EF027	table, instrument, mobile			107	E	Remove
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	EQ011	ECG, 3-channel (with			107	E	Remove
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	EF018	stretcher			107	E	Remove
43213	ESOPHAGOSCOPY RETRO	000	141	35.34	7.85	45	EQ032	IV infusion pump			107	E	Remove
43214	ESOPHAGOSC DILATE BALLOON 3	000	2	NA	5.86	30						S	
43214	ESOPHAGOSC DILATE BALLOON 3	000	2	NA	5.86	30						E	
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	SA044	pack, moderate sedation		1		S	Remove
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	L051A	RN	37			CL	Remove
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	EQ032	IV infusion pump			82	E	Remove
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	EQ011	ECG, 3-channel (with			82	E	Remove
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	EF027	table, instrument, mobile			82	E	Remove
43215	ESOPHAGOSCOPY FLEX	000	20	11.73	4.36	20	EF018	stretcher			82	E	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	SA044	pack, moderate sedation		1		S	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	L051A	RN	39			CL	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	EQ032	IV infusion pump			84	E	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	EQ011	ECG, 3-channel (with			84	E	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	EF027	table, instrument, mobile			84	E	Remove
43216	ESOPHAGOSCOPY LESION	000	-	12.04	4.18	22	EF018	stretcher			84	E	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	SA044	pack, moderate sedation		1		S	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	L051A	RN	47			CL	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	EQ032	IV infusion pump			92	E	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	EQ011	ECG, 3-channel (with			92	E	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	EF027	table, instrument, mobile			92	E	Remove
43217	ESOPHAGOSCOPY SNARE	000	4	12.83	4.94	30	EF018	stretcher			92	E	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	SA044	pack, moderate sedation		1		S	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	L051A	RN	37			CL	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	EQ011	ECG, 3-channel (with			82	E	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	EF027	table, instrument, mobile			82	E	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	EF018	stretcher			82	E	Remove
43220	ESOPHAGOSCOPY BALLOON	000	16	32.49	3.67	20	EQ032	IV infusion pump			82	E	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	SA044	pack, moderate sedation		1		S	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	L051A	RN	42			CL	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	EQ032	IV infusion pump			87	E	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	EQ011	ECG, 3-channel (with			87	E	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	EF027	table, instrument, mobile			87	E	Remove
43226	ESOPH ENDOSCOPY	000	10	10.91	4.04	25	EF018	stretcher			87	E	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	SA044	pack, moderate sedation		1		S	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	L051A	RN	47			CL	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	EQ032	IV infusion pump			92	E	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	EQ011	ECG, 3-channel (with			92	E	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	EF018	stretcher			92	E	Remove
43227	ESOPHAGOSCOPY CONTROL	000	1	11.33	5.09	30	EF027	table, instrument, mobile			92	E	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	SA044	pack, moderate sedation		1		S	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	L051A	RN	62			CL	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	EQ032	IV infusion pump			107	E	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	EQ011	ECG, 3-channel (with			107	E	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	EF027	table, instrument, mobile			107	E	Remove
43229	ESOPHAGOSCOPY LESION	000	22	20.88	6.06	45	EF018	stretcher			107	E	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	SA044	pack, moderate sedation		1		S	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	L051A	RN	47			CL	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	EQ032	IV infusion pump			107	E	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	EF018	stretcher			107	E	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	EQ011	ECG, 3-channel (with			107	E	Remove
43231	ESOPHAGOSCOP	000	3	11.58	4.94	30	EF027	table, instrument, mobile			107	E	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	SA044	pack, moderate sedation		1		S	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	L051A	RN	62			CL	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	EF027	table, instrument, mobile			122	E	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	EQ011	ECG, 3-channel (with			122	E	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	EF018	stretcher			122	E	Remove
43232	ESOPHAGOSCOPY W/US	000	1	13.76	6.05	45	EQ032	IV infusion pump			122	E	Remove
43233	EGD BALLOON DIL ESOPH30 MM/	000	6	NA	6.91	30						S	
43233	EGD BALLOON DIL ESOPH30 MM/	000	6	NA	6.91	30						E	
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	SA044	pack, moderate sedation		1		S	Remove
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	L051A	RN	32			CL	Remove
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	EQ032	IV infusion pump			77	E	Remove
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	EQ011	ECG, 3-channel (with			77	E	Remove
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	EF027	table, instrument, mobile			77	E	Remove
43235	EGD DIAGNOSTIC BRUSH	000	5,258	8.99	3.82	15	EF018	stretcher			77	E	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	SA044	pack, moderate sedation		1		S	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	L051A	RN	37			CL	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	EF027	table, instrument, mobile			82	E	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	EQ011	ECG, 3-channel (with			82	E	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	EF018	stretcher			82	E	Remove
43236	UPPR GI SCOPE W/SUBMUC	000	121	11.20	4.30	20	EQ032	IV infusion pump			82	E	Remove
43237	ENDOSCOPIC US EXAM ESOPH	000	12	NA	6.00	35						E	
43238	EGD US FINE NEEDLE BX/ASPIR	000	14	NA	7.14	45						E	
43239	EGD BIOPSY	000	54,823	11.48	4.29	15	SA044	pack, moderate sedation		1		S	Remove
43239	EGD BIOPSY	000	54,823	11.48	4.29	15	L051A	RN	32			CL	Remove
43239	EGD BIOPSY	000	54,823	11.48	4.29	15	EQ011	ECG, 3-channel (with			77	E	Remove
43239	EGD BIOPSY	000	54,823	11.48	4.29	15	EF018	stretcher			77	E	Remove

43239	EGD BIOPSY	000	54,823	11.48	4.29	15	EF027	table, instrument, mobile			77	E	Remove
43239	EGD BIOPSY	000	54,823	11.48	4.29	15	EQ032	IV infusion pump			77	E	Remove
43240	EGD W/TRANSMURAL DRAIN CYST	000	-	NA	11.89	70						E	
43242	EGD US FINE NEEDLE BX/ASPIR	000	44	NA	8.05	50						E	
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	SA044	pack, moderate sedation		1		S	Remove
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	L051A	RN	40			CL	Remove
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	EF018	stretcher			85	E	Remove
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	EF027	table, instrument, mobile			85	E	Remove
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	EQ011	ECG, 3-channel (with			85	E	Remove
43245	EGD DILATE STRICTURE	000	127	17.69	5.39	23	EQ032	IV infusion pump			85	E	Remove
43246	EGD PLACE GASTROSTOMY TUBE	000	192	NA	6.11	30						E	
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	SA044	pack, moderate sedation		1		S	Remove
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	L051A	RN	47			CL	Remove
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	EF018	stretcher			92	E	Remove
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	EF027	table, instrument, mobile			92	E	Remove
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	EQ011	ECG, 3-channel (with			92	E	Remove
43247	EGD REMOVE FOREIGN BODY	000	223	11.71	5.45	30	EQ032	IV infusion pump			92	E	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	SA044	pack, moderate sedation		1		S	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	L051A	RN	37			CL	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	EQ011	ECG, 3-channel (with			82	E	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	EQ032	IV infusion pump			82	E	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	EF027	table, instrument, mobile			82	E	Remove
43248	EGD GUIDE WIRE INSERTION	000	1,326	11.83	5.14	20	EF018	stretcher			82	E	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	SA044	pack, moderate sedation		1		S	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	L051A	RN	37			CL	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	EF018	stretcher			82	E	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	EF027	table, instrument, mobile			82	E	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	EQ011	ECG, 3-channel (with			82	E	Remove
43249	ESOPH EGD DILATION <30 MM	000	1,239	31.03	4.75	20	EQ032	IV infusion pump			82	E	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	SA044	pack, moderate sedation		1		S	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	L051A	RN	37			CL	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	EQ032	IV infusion pump			82	E	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	EQ011	ECG, 3-channel (with			82	E	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	EF027	table, instrument, mobile			82	E	Remove
43250	EGD CAUTERY TUMOR POLYP	000	252	13.13	5.22	20	EF018	stretcher			82	E	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	SA044	pack, moderate sedation		1		S	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	L051A	RN	37			CL	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	EF027	table, instrument, mobile			82	E	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	EQ011	ECG, 3-channel (with			82	E	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	EQ032	IV infusion pump			82	E	Remove
43251	EGD REMOVE LESION SNARE	000	1,035	14.42	6.02	20	EF018	stretcher			82	E	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	SA044	pack, moderate sedation		1		S	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	L051A	RN	47			CL	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	EF018	stretcher			92	E	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	EF027	table, instrument, mobile			92	E	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	EQ011	ECG, 3-channel (with			92	E	Remove
43252	EGD OPTICAL	000	2	10.59	5.21	30	EQ032	IV infusion pump			92	E	Remove
43253	EGD US TRANSMURAL INJXN/MAR	000	1	NA	8.05	40						S	
43253	EGD US TRANSMURAL INJXN/MAR	000	1	NA	8.05	40						E	
43254	EGD ENDO MUCOSAL RESECTION	000	8	NA	8.25	45						S	
43254	EGD ENDO MUCOSAL RESECTION	000	8	NA	8.25	45						E	
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	SA044	pack, moderate sedation		1		S	Remove
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	L051A	RN	47			CL	Remove
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	EQ011	ECG, 3-channel (with			92	E	Remove
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	EF018	stretcher			92	E	Remove
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	EQ032	IV infusion pump			92	E	Remove
43255	EGD CONTROL BLEEDING	000	195	12.40	6.17	30	EF027	table, instrument, mobile			92	E	Remove
43259	EGD US EXAM DUODENUM/JEJUNU	000	80	NA	6.93	45						E	
43266	EGD ENDOSCOPIC STENT PLACE	000	4	NA	6.92	40						S	
43266	EGD ENDOSCOPIC STENT PLACE	000	4	NA	6.92	40						E	
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	SA044	pack, moderate sedation		1		S	Remove
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	L051A	RN	62			CL	Remove
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	EQ032	IV infusion pump			107	E	Remove
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	EQ011	ECG, 3-channel (with			107	E	Remove
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	EF027	table, instrument, mobile			107	E	Remove
43270	EGD LESION ABLATION	000	173	21.75	7.13	45	EF018	stretcher			107	E	Remove
43274	ERCP DUCT STENT PLACEMENT	000	74	NA	14.00	68						S	
43274	ERCP DUCT STENT PLACEMENT	000	74	NA	14.00	68						E	
43275	ERCP REMOVE FORGN BODY DUCT	000	55	NA	11.42	50						S	
43275	ERCP REMOVE FORGN BODY DUCT	000	55	NA	11.42	50						E	
43276	ERCP STENT EXCHANGE W/DILAT	000	46	NA	14.57	60						S	
43276	ERCP STENT EXCHANGE W/DILAT	000	46	NA	14.57	60						E	
43277	ERCP EA DUCT/AMPULLA DILATE	000	13	NA	11.48	70						S	
43277	ERCP EA DUCT/AMPULLA DILATE	000	13	NA	11.48	70						E	
43278	ERCP LESION ABLATE W/DILATE	000	1	NA	13.11	75						S	

43278	ERCP LESION ABLATE W/DILATE	000	1	NA	13.11	75						E	
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	SA044	pack, moderate sedation		1		S	Remove
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	L051A	RN	37			CL	Remove
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	EQ011	ECG, 3-channel (with			87	E	Remove
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	EQ032	IV infusion pump			87	E	Remove
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	EF018	stretcher			87	E	Remove
43453	DILATE ESOPHAGUS	000	78	27.92	2.73	20	EF027	table, instrument, mobile			87	E	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	SA044	pack, moderate sedation		1		S	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	L051A	RN	32			CL	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	EQ032	IV infusion pump			77	E	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	EQ011	ECG, 3-channel (with			77	E	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	EF018	stretcher			77	E	Remove
44380	SMALL BOWEL ENDOSCOPY	000	194	NA	1.96	15	EF027	table, instrument, mobile			77	E	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	SA044	pack, moderate sedation		1		S	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	L051A	RN	42			CL	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	EF027	table, instrument, mobile			87	E	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	EQ011	ECG, 3-channel (with			87	E	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	EF018	stretcher			87	E	Remove
44381	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	25	EQ032	IV infusion pump			87	E	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	SA044	pack, moderate sedation		1		S	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	L051A	RN	37			CL	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	EQ011	ECG, 3-channel (with			82	E	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	EQ032	IV infusion pump			82	E	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	EF027	table, instrument, mobile			82	E	Remove
44382	SMALL BOWEL ENDOSCOPY	000	35	NA	2.33	20	EF018	stretcher			82	E	Remove
44384	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	40	EF018	stretcher			0	E	Remove
44384	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	40	EQ011	ECG, 3-channel (with			0	E	Remove
44384	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	40	EF027	table, instrument, mobile			0	E	Remove
44384	SMALL BOWEL ENDOSCOPY	000	Not available	0.00	0.00	40	EQ032	IV infusion pump			0	E	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	SA044	pack, moderate sedation		1		S	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	L051A	RN	32			CL	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	EF027	table, instrument, mobile			77	E	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	EQ032	IV infusion pump			77	E	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	EQ011	ECG, 3-channel (with			77	E	Remove
44385	ENDOSCOPY OF BOWEL	000	321	7.58	3.10	15	EF018	stretcher			73	E	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	SA044	pack, moderate sedation		1		S	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	L051A	RN	34			CL	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	EF027	table, instrument, mobile			79	E	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	EQ032	IV infusion pump			79	E	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	EF018	stretcher			75	E	Remove
44386	ENDOSCOPY BOWEL	000	169	10.10	3.66	17	EQ011	ECG, 3-channel (with			79	E	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	SA044	pack, moderate sedation		1		S	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	L051A	RN	42			CL	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	EQ011	ECG, 3-channel (with			87	E	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	EQ032	IV infusion pump			87	E	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	EF018	stretcher			83	E	Remove
44388	COLONOSCOPY THRU STOMA	000	120	10.06	4.80	25	EF027	table, instrument, mobile			87	E	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	SA044	pack, moderate sedation		1		S	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	L051A	RN	47			CL	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	EQ032	IV infusion pump			92	E	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	EQ011	ECG, 3-channel (with			92	E	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	EF027	table, instrument, mobile			92	E	Remove
44389	COLONOSCOPY WITH BIOPSY	000	37	11.27	5.30	30	EF018	stretcher			88	E	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	SA044	pack, moderate sedation		1		S	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	L051A	RN	52			CL	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	EF027	table, instrument, mobile			97	E	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	EQ011	ECG, 3-channel (with			97	E	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	EF018	stretcher			93	E	Remove
44390	COLONOSCOPY FOR	000	1	13.21	6.45	35	EQ032	IV infusion pump			97	E	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	SA044	pack, moderate sedation		1		S	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	L051A	RN	57			CL	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	EF027	table, instrument, mobile			102	E	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	EQ032	IV infusion pump			102	E	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	EF018	stretcher			98	E	Remove
44391	COLONOSCOPY FOR	000	2	14.20	7.20	40	EQ011	ECG, 3-channel (with			102	E	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	SA044	pack, moderate sedation		1		S	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	L051A	RN	47			CL	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	EF018	stretcher			88	E	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	EQ011	ECG, 3-channel (with			92	E	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	EF027	table, instrument, mobile			92	E	Remove
44392	COLONOSCOPY &	000	31	12.52	6.28	30	EQ032	IV infusion pump			92	E	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	SA044	pack, moderate sedation		1		S	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	L051A	RN	47			CL	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	EF018	stretcher			88	E	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	EQ032	IV infusion pump			92	E	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	EF027	table, instrument, mobile			92	E	Remove
44394	COLONOSCOPY W/SNARE	000	29	14.15	7.35	30	EQ011	ECG, 3-channel (with			92	E	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	SA044	pack, moderate sedation		1		S	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	L051A	RN	47			CL	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	EF027	table, instrument, mobile			92	E	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	EF018	stretcher			88	E	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	EQ011	ECG, 3-channel (with			92	E	Remove
44401	COLONOSCOPY WITH	000	Not available	0.00	0.00	30	EQ032	IV infusion pump			92	E	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	SA044	pack, moderate sedation		1		S	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	L051A	RN	47			CL	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	EF018	stretcher			88	E	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	EQ011	ECG, 3-channel (with			92	E	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	EF027	table, instrument, mobile			92	E	Remove
44404	COLONOSCOPY W/INJECTION	000	Not available	0.00	0.00	30	EQ032	IV infusion pump			92	E	Remove
44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	SA044	pack, moderate sedation		1		S	Remove
44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	L051A	RN	55			CL	Remove
44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	EF018	stretcher			57	E	Remove
44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	EQ011	ECG, 3-channel (with			100	E	Remove
44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	EQ032	IV infusion pump			100	E	Remove

44405	COLONOSCOPY W/DILATION	000	Not available	0.00	0.00	38	EF027	table, instrument, mobile			100	E	Remove
45303	PROCTOSIGMOIDOSCOPY	000	475	27.58	2.69	15	SA044	pack, moderate sedation		1		S	Remove
45303	PROCTOSIGMOIDOSCOPY	000	475	27.58	2.69	15	L051A	RN	32			CL	Remove
45303	PROCTOSIGMOIDOSCOPY	000	475	27.58	2.69	15	EF027	table, instrument, mobile			77	E	Remove
45303	PROCTOSIGMOIDOSCOPY	000	475	27.58	2.69	15	EQ011	ECG, 3-channel (with			77	E	Remove
45303	PROCTOSIGMOIDOSCOPY	000	475	27.58	2.69	15	EQ032	IV infusion pump			77	E	Remove
45305	PROCTOSIGMOIDOSCOPY	000	274	5.58	2.29	10	SA044	pack, moderate sedation		1		S	Remove
45305	PROCTOSIGMOIDOSCOPY	000	274	5.58	2.29	10	L051A	RN	27			CL	Remove
45305	PROCTOSIGMOIDOSCOPY	000	274	5.58	2.29	10	EQ011	ECG, 3-channel (with			72	E	Remove
45305	PROCTOSIGMOIDOSCOPY	000	274	5.58	2.29	10	EF027	table, instrument, mobile			72	E	Remove
45305	PROCTOSIGMOIDOSCOPY	000	274	5.58	2.29	10	EQ032	IV infusion pump			72	E	Remove
45307	PROCTOSIGMOIDOSCOPY FB	000	36	6.39	2.97	15	SA044	pack, moderate sedation		1		S	Remove
45307	PROCTOSIGMOIDOSCOPY FB	000	36	6.39	2.97	15	L051A	RN	32			CL	Remove
45307	PROCTOSIGMOIDOSCOPY FB	000	36	6.39	2.97	15	EQ032	IV infusion pump			77	E	Remove
45307	PROCTOSIGMOIDOSCOPY FB	000	36	6.39	2.97	15	EF027	table, instrument, mobile			77	E	Remove
45307	PROCTOSIGMOIDOSCOPY FB	000	36	6.39	2.97	15	EQ011	ECG, 3-channel (with			77	E	Remove
45308	PROCTOSIGMOIDOSCOPY	000	10	6.28	2.59	15	SA044	pack, moderate sedation		1		S	Remove
45308	PROCTOSIGMOIDOSCOPY	000	10	6.28	2.59	15	L051A	RN	32			CL	Remove
45308	PROCTOSIGMOIDOSCOPY	000	10	6.28	2.59	15	EQ011	ECG, 3-channel (with			77	E	Remove
45308	PROCTOSIGMOIDOSCOPY	000	10	6.28	2.59	15	EQ032	IV infusion pump			77	E	Remove
45308	PROCTOSIGMOIDOSCOPY	000	10	6.28	2.59	15	EF027	table, instrument, mobile			77	E	Remove
45309	PROCTOSIGMOIDOSCOPY	000	9	6.32	2.61	15	SA044	pack, moderate sedation		1		S	Remove
45309	PROCTOSIGMOIDOSCOPY	000	9	6.32	2.61	15	L051A	RN	32			CL	Remove
45309	PROCTOSIGMOIDOSCOPY	000	9	6.32	2.61	15	EQ032	IV infusion pump			77	E	Remove
45309	PROCTOSIGMOIDOSCOPY	000	9	6.32	2.61	15	EQ011	ECG, 3-channel (with			77	E	Remove
45309	PROCTOSIGMOIDOSCOPY	000	9	6.32	2.61	15	EF027	table, instrument, mobile			77	E	Remove
45315	PROCTOSIGMOIDOSCOPY	000	4	7.10	3.25	20	SA044	pack, moderate sedation		1		S	Remove
45315	PROCTOSIGMOIDOSCOPY	000	4	7.10	3.25	20	L051A	RN	37			CL	Remove
45315	PROCTOSIGMOIDOSCOPY	000	4	7.10	3.25	20	EQ011	ECG, 3-channel (with			82	E	Remove
45315	PROCTOSIGMOIDOSCOPY	000	4	7.10	3.25	20	EQ032	IV infusion pump			82	E	Remove
45315	PROCTOSIGMOIDOSCOPY	000	4	7.10	3.25	20	EF027	table, instrument, mobile			82	E	Remove
45317	PROCTOSIGMOIDOSCOPY	000	242	6.93	3.40	20	SA044	pack, moderate sedation		1		S	Remove
45317	PROCTOSIGMOIDOSCOPY	000	242	6.93	3.40	20	L051A	RN	37			CL	Remove
45317	PROCTOSIGMOIDOSCOPY	000	242	6.93	3.40	20	EQ032	IV infusion pump			82	E	Remove
45317	PROCTOSIGMOIDOSCOPY	000	242	6.93	3.40	20	EQ011	ECG, 3-channel (with			82	E	Remove
45317	PROCTOSIGMOIDOSCOPY	000	242	6.93	3.40	20	EF027	table, instrument, mobile			82	E	Remove
45320	PROCTOSIGMOIDOSCOPY	000	12	7.01	3.21	23	SA044	pack, moderate sedation		1		S	Remove
45320	PROCTOSIGMOIDOSCOPY	000	12	7.01	3.21	23	L051A	RN	40			CL	Remove
45320	PROCTOSIGMOIDOSCOPY	000	12	7.01	3.21	23	EQ032	IV infusion pump			85	E	Remove
45320	PROCTOSIGMOIDOSCOPY	000	12	7.01	3.21	23	EQ011	ECG, 3-channel (with			85	E	Remove
45320	PROCTOSIGMOIDOSCOPY	000	12	7.01	3.21	23	EF027	table, instrument, mobile			85	E	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	SA044	pack, moderate sedation		1		S	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	L051A	RN	37			CL	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	EQ011	ECG, 3-channel (with			82	E	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	EF018	stretcher			78	E	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	EQ032	IV infusion pump			82	E	Remove
45332	SIGMOIDOSCOPY W/FB	000	6	8.32	3.18	20	EF027	table, instrument, mobile			82	E	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	SA044	pack, moderate sedation		1		S	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	L051A	RN	32			CL	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	EF027	table, instrument, mobile			77	E	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	EQ032	IV infusion pump			77	E	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	EF018	stretcher			73	E	Remove
45333	SIGMOIDOSCOPY &	000	129	8.46	3.17	15	EQ011	ECG, 3-channel (with			77	E	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	SA044	pack, moderate sedation		1		S	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	L051A	RN	37			CL	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	EF027	table, instrument, mobile			82	E	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	EF018	stretcher			78	E	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	EQ032	IV infusion pump			82	E	Remove
45334	SIGMOIDOSCOPY FOR	000	134	NA	4.68	20	EQ011	ECG, 3-channel (with			82	E	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	SA044	pack, moderate sedation		1		S	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	L051A	RN	32			CL	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	EF027	table, instrument, mobile			77	E	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	EF018	stretcher			73	E	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	EQ032	IV infusion pump			77	E	Remove
45335	SIGMOIDOSCOPY W/SUBMUC	000	112	7.83	2.65	15	EQ011	ECG, 3-channel (with			77	E	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	SA044	pack, moderate sedation		1		S	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	L051A	RN	32			CL	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	EQ011	ECG, 3-channel (with			77	E	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	EQ032	IV infusion pump			77	E	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	EF027	table, instrument, mobile			77	E	Remove
45338	SIGMOIDOSCOPY W/TUMR	000	181	9.08	4.04	15	EF018	stretcher			73	E	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	SA044	pack, moderate sedation		1		S	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	L051A	RN	37			CL	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	EF027	table, instrument, mobile			82	E	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	EQ032	IV infusion pump			82	E	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	EQ011	ECG, 3-channel (with			82	E	Remove
45340	SIG W/TNDSC BALLOON	000	8	13.86	3.33	20	EF018	stretcher			78	E	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	SA044	pack, moderate sedation		1		S	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	L051A	RN	37			CL	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	EQ011	ECG, 3-channel (with			82	E	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	EF018	stretcher			78	E	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	EQ032	IV infusion pump			82	E	Remove
45346	SIGMOIDOSCOPY	000	Not available	0.00	0.00	20	EF027	table, instrument, mobile			82	E	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	SA044	pack, moderate sedation		1		S	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	L051A	RN	37			CL	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	EF027	table, instrument, mobile			82	E	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	EF018	stretcher			104	E	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	EQ032	IV infusion pump			82	E	Remove
45350	SGMDSC W/BAND LIGATION	000	Not available	0.00	0.00	20	EQ011	ECG, 3-channel (with			82	E	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	SA044	pack, moderate sedation		1		S	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	L051A	RN	42			CL	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	EQ032	IV infusion pump			87	E	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	EF027	table, instrument, mobile			87	E	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	EQ011	ECG, 3-channel (with			87	E	Remove
45378	DIAGNOSTIC COLONOSCOPY	000	23,005	11.06	6.19	25	EF018	stretcher			83	E	Remove

45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	SA044	pack, moderate sedation		1		S	Remove			
45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	L051A	RN	52			CL	Remove			
45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	EQ011	ECG, 3-channel (with			97	E	Remove			
45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	EF018	stretcher			93	E	Remove			
45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	EQ032	IV infusion pump			97	E	Remove			
45379	COLONOSCOPY W/FB	000	23	14.25	7.78	35	EF027	table, instrument, mobile			97	E	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	SA044	pack, moderate sedation		1		S	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	L051A	RN	45			CL	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	EQ011	ECG, 3-channel (with			90	E	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	EQ032	IV infusion pump			90	E	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	EF018	stretcher			86	E	Remove			
45380	COLONOSCOPY AND BIOPSY	000	35,730	13.18	7.40	28	EF027	table, instrument, mobile			90	E	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	SA044	pack, moderate sedation		1		S	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	L051A	RN	45			CL	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	EQ032	IV infusion pump			90	E	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	EF027	table, instrument, mobile			90	E	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	EQ011	ECG, 3-channel (with			90	E	Remove			
45381	COLONOSCOPY SUBMUCOUS	000	2,334	13.24	7.01	28	EF018	stretcher			86	E	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	SA044	pack, moderate sedation		1		S	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	L051A	RN	57			CL	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	EF027	table, instrument, mobile			102	E	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	EF018	stretcher			98	E	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	EQ011	ECG, 3-channel (with			102	E	Remove			
45382	COLONOSCOPY W/CONTROL	000	704	17.12	9.39	40	EQ032	IV infusion pump			102	E	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	SA044	pack, moderate sedation		1		S	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	L051A	RN	45			CL	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	EQ011	ECG, 3-channel (with			90	E	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	EF018	stretcher			86	E	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	EF027	table, instrument, mobile			90	E	Remove			
45384	COLONOSCOPY W/LESION	000	5,984	13.21	7.76	28	EQ032	IV infusion pump			90	E	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	SA044	pack, moderate sedation		1		S	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	L051A	RN	47			CL	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	EQ011	ECG, 3-channel (with			92	E	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	EF018	stretcher			88	E	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	EF027	table, instrument, mobile			92	E	Remove			
45385	COLONOSCOPY W/LESION	000	27,827	14.88	8.78	30	EQ032	IV infusion pump			92	E	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	SA044	pack, moderate sedation		1		S	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	L051A	RN	52			CL	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	EF018	stretcher			93	E	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	EQ011	ECG, 3-channel (with			97	E	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	EF027	table, instrument, mobile			97	E	Remove			
45386	COLONOSCOPY W/BALLOON	000	19	18.96	7.60	35	EQ032	IV infusion pump			97	E	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	SA044	pack, moderate sedation		1		S	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	L051A	RN	52			CL	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	EQ032	IV infusion pump			97	E	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	EQ011	ECG, 3-channel (with			97	E	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	EF018	stretcher			93	E	Remove			
45388	COLONOSCOPY W/ABLATION	000	Not available	0.00	0.00	35	EF027	table, instrument, mobile			97	E	Remove			
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	SA044	pack, moderate sedation		1		S	Remove			
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	L051A	RN	37			CL	Remove			RN assist with MS. 2/3 of Physcian Intra-service time
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	EF027	table, instrument, mobile			82	E	Remove			
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	EF018	stretcher			78	E	Remove			
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	EQ032	IV infusion pump			82	E	Remove			
45398	COLONOSCOPY W/BAND	000	Not available	0.00	0.00	30	EQ011	ECG, 3-channel (with			82	E	Remove			
47000	NEEDLE BIOPSY OF LIVER	000	1,453	10.35	3.00	20	SA044	pack, moderate sedation		1		S	Remove			
47000	NEEDLE BIOPSY OF LIVER	000	1,453	10.35	3.00	20	L051A	RN	82			CL		-37		45 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
47000	NEEDLE BIOPSY OF LIVER	000	1,453	10.35	3.00	20	EF027	table, instrument, mobile			262	E			-82	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
47000	NEEDLE BIOPSY OF LIVER	000	1,453	10.35	3.00	20	EQ011	ECG, 3-channel (with			262	E			-82	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
47000	NEEDLE BIOPSY OF LIVER	000	1,453	10.35	3.00	20	EQ032	IV infusion pump			262	E			-82	180 Additional monitoring time recommended by post procedure monitoring time workgroup and approv
47382	PERCUT ABLATE LIVER RF	010	5	142.43	22.47	180	SA044	pack, moderate sedation		1		S	Remove			
47382	PERCUT ABLATE LIVER RF	010	5	142.43	22.47	180	L051A	RN	197			CL	Remove			
47382	PERCUT ABLATE LIVER RF	010	5	142.43	22.47	180	EF027	table, instrument, mobile			242	E	Remove			
47382	PERCUT ABLATE LIVER RF	010	5	142.43	22.47	180	EQ011	ECG, 3-channel (with			242	E	Remove			
47382	PERCUT ABLATE LIVER RF	010	5	142.43	22.47	180	EQ032	IV infusion pump			242	E	Remove			
47383	PERQ ABLTJ LVR	010	Not available	215.51	13.87	90	L051A	RN	152			CL		-107		45 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47383	PERQ ABLTJ LVR	010	Not available	215.51	13.87	90	EQ032	IV infusion pump			166	E			14	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47383	PERQ ABLTJ LVR	010	Not available	215.51	13.87	90	EF018	stretcher			166	E			14	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47383	PERQ ABLTJ LVR	010	Not available	215.51	13.87	90	EF027	table, instrument, mobile			166	E			14	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47383	PERQ ABLTJ LVR	010	Not available	215.51	13.87	90	EQ011	ECG, 3-channel (with			166	E			14	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	SA044	pack, moderate sedation		1		S	Remove			
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	L051A	RN	102			CL		-57		45 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	EF027	table, instrument, mobile			362	E			-182	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			362	E			-182	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	EQ032	IV infusion pump			362	E			-182	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47532	INJECTION FOR CHOLANGIOGRAM		Not available			40	EF018	stretcher			362	E			-182	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	SA044	pack, moderate sedation		1		S	Remove			
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	L051A	RN	122			CL		-77		45 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	EF027	table, instrument, mobile			312	E			-132	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			312	E			-132	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	EQ032	IV infusion pump			312	E			-132	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47533	PLMT BILIARY DRAINAGE CATH		Not available			60	EF018	stretcher			312	E			-132	180 RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.

47534	PLMT BILIARY DRAINAGE CATH		Not available			78	SA044	pack, moderate sedation		1		S	Remove		0		
47534	PLMT BILIARY DRAINAGE CATH		Not available			78	L051A	RN	140			CL		-95	45	45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47534	PLMT BILIARY DRAINAGE CATH		Not available			78	EF027	table, instrument, mobile			330	E			-150	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47534	PLMT BILIARY DRAINAGE CATH		Not available			78	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			330	E			-150	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47534	PLMT BILIARY DRAINAGE CATH		Not available			78	EQ032	IV infusion pump			330	E			-150	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47534	PLMT BILIARY DRAINAGE CATH		Not available			78	EF018	stretcher			330	E			-150	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47535	CONVERSION EXT BIL DRG CATH		Not available			45	SA044	pack, moderate sedation		1		S	Remove				
47535	CONVERSION EXT BIL DRG CATH		Not available			45	L051A	RN	107			CL		-62		45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47535	PLMT BILIARY DRAINAGE CATH		Not available			45	EF027	table, instrument, mobile			297	E			-117	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47535	PLMT BILIARY DRAINAGE CATH		Not available			45	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			297	E			-117	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47535	PLMT BILIARY DRAINAGE CATH		Not available			45	EQ032	IV infusion pump			297	E			-117	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47535	CONVERSION EXT BIL DRG CATH		Not available			45	EF018	stretcher			297	E			-117	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47536	EXCHANGE BILIARY DRG CATH		Not available			30	SA044	pack, moderate sedation		1		S	Remove				
47536	EXCHANGE BILIARY DRG CATH		Not available			30	L051A	RN	62			CL		-47		15	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47536	EXCHANGE BILIARY DRG CATH		Not available			30	EF027	table, instrument, mobile			297	E			-237	60	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47536	EXCHANGE BILIARY DRG CATH		Not available			30	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			297	E			-237	60	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47536	EXCHANGE BILIARY DRG CATH		Not available			30	EQ032	IV infusion pump			297	E			-237	60	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47536	EXCHANGE BILIARY DRG CATH		Not available			30	EF018	stretcher			297	E			-237	60	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47538	PERQ PLMT BILE DUCT STENT		Not available			55	SA044	pack, moderate sedation		1		S					
47538	PERQ PLMT BILE DUCT STENT		Not available			55	L051A	RN	117			CL		-72		45	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47538	PERQ PLMT BILE DUCT STENT		Not available			55	EF027	table, instrument, mobile				E			180	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47538	PERQ PLMT BILE DUCT STENT		Not available			55	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)				E			180	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47538	PERQ PLMT BILE DUCT STENT		Not available			55	EQ032	IV infusion pump				E			180	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47538	PERQ PLMT BILE DUCT STENT		Not available			55	EF018	stretcher				E			180	180	RUC agreed to 4 hours of monitoring time so 45 minutes placed in post-procedure monitoring time.
47539	PERQ PLMT BILE DUCT STENT		Not available			80						S					
47539	PERQ PLMT BILE DUCT STENT		Not available			80						CL					
47539	PERQ PLMT BILE DUCT STENT		Not available			80						E					
47540	PERQ PLMT BILE DUCT STENT		Not available			90						S					
47540	PERQ PLMT BILE DUCT STENT		Not available			90						CL					
47540	PERQ PLMT BILE DUCT STENT		Not available			90						E					
47541	PLMT ACCESS BIL TREE SM BWL		Not available			60						S					
47541	PLMT ACCESS BIL TREE SM BWL		Not available			60						CL					
47541	PLMT ACCESS BIL TREE SM BWL		Not available			60						E					
47542	DILATE BILIARY DUCT/AMPULLA		Not available			35						S					
47542	DILATE BILIARY DUCT/AMPULLA		Not available			35						CL					
47542	DILATE BILIARY DUCT/AMPULLA		Not available			35						E					
47543	ENDOLUMINAL BX BILIARY TREE		Not available			43						S					
47543	ENDOLUMINAL BX BILIARY TREE		Not available			43						CL					
47543	ENDOLUMINAL BX BILIARY TREE		Not available			43						E					
47544	REMOVAL DUCT GLBLDR CALCULI		Not available			60						S					
47544	REMOVAL DUCT GLBLDR CALCULI		Not available			60						CL					
47544	REMOVAL DUCT GLBLDR CALCULI		Not available			60						E					
47538	PERQ PLMT BILE DUCT STENT					55	L051A	RN	115			CL		-70		45	
47538	PERQ PLMT BILE DUCT STENT					55	SA044	pack, moderate sedation		1		S	Remove				
47538	PERQ PLMT BILE DUCT STENT					55	EF027	table, instrument, mobile			305	E			-125	180	
47538	PERQ PLMT BILE DUCT STENT					55	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			305	E			-125	180	
47538	PERQ PLMT BILE DUCT STENT					55	EQ032	IV infusion pump			305	E			-125	180	
47538	PERQ PLMT BILE DUCT STENT					55	EF018	stretcher			305	E			-125	180	
47539	PERQ PLMT BILE DUCT STENT					80	L051A	RN	137			CL		-92		45	
47539	PERQ PLMT BILE DUCT STENT					80	SA044	pack, moderate sedation		1		S	Remove				

47539	PERQ PLMT BILE DUCT STENT					80	EF027	table, instrument, mobile			327	E			-147	180	
47539	PERQ PLMT BILE DUCT STENT					80	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			327	E			-147	180	
47539	PERQ PLMT BILE DUCT STENT					80	EQ032	IV infusion pump			327	E			-147	180	
47539	PERQ PLMT BILE DUCT STENT					80	EF018	stretcher			327	E			-147	180	
47540	PERQ PLMT BILE DUCT STENT					90	L051A	RN	147			CL		-102		45	
47540	PERQ PLMT BILE DUCT STENT					90	SA044	pack, moderate sedation		1		S	Remove				
47540	PERQ PLMT BILE DUCT STENT					90	EF027	table, instrument, mobile			337	E			-157	180	
47540	PERQ PLMT BILE DUCT STENT					90	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			337	E			-157	180	
47540	PERQ PLMT BILE DUCT STENT					90	EQ032	IV infusion pump			337	E			-157	180	
47540	PERQ PLMT BILE DUCT STENT					90	EF018	stretcher			337	E			-157	180	
47541	PLMT ACCESS BIL TREE SM BWL					60	L051A	RN	122			CL		-77		45	
47541	PLMT ACCESS BIL TREE SM BWL					60	SA044	pack, moderate sedation		1		S	Remove				
47541	PLMT ACCESS BIL TREE SM BWL					60	EF027	table, instrument, mobile			312	E			-132	180	
47541	PLMT ACCESS BIL TREE SM BWL					60	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			312	E			-132	180	
47541	PLMT ACCESS BIL TREE SM BWL					60	EQ032	IV infusion pump			312	E			-132	180	
47541	PLMT ACCESS BIL TREE SM BWL					60	EF018	stretcher			312	E			-132	180	
47542	DILATE BILIARY DUCT/AMPULLA					35	L051A	RN	30			CL	Remove				
47542	DILATE BILIARY DUCT/AMPULLA					35	SA044	pack, moderate sedation		1		S	Remove				
47542	DILATE BILIARY DUCT/AMPULLA					35	EF027	table, instrument, mobile			30	E	Remove				
47542	DILATE BILIARY DUCT/AMPULLA					35	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			30	E	Remove				
47542	DILATE BILIARY DUCT/AMPULLA					35	EQ032	IV infusion pump			30	E	Remove				
47542	DILATE BILIARY DUCT/AMPULLA					35	EF018	stretcher			30	E	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	L051A	RN	30			CL	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	SA044	pack, moderate sedation		1		S	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	EF027	table, instrument, mobile			30	E	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			30	E	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	EQ032	IV infusion pump			30	E	Remove				
47543	ENDOLUMINAL BX BILIARY TREE					43	EF018	stretcher			30	E	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	L051A	RN	45			CL	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	SA044	pack, moderate sedation		1		S	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	EF027	table, instrument, mobile			45	E	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			45	E	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	EQ032	IV infusion pump			45	E	Remove				
47544	REMOVAL DUCT GLBLDR CALCULI					60	EF018	stretcher			45	E	Remove				
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	SA044	pack, moderate sedation		1		S	Remove				
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	L051A	RN	72			CL		-57		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	EF027	table, instrument, mobile			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	EQ032	IV infusion pump			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	EQ011	ECG, 3-channel (with			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49405	IMAGE CATH FLUID COLXN	000	20	24.88	6.19	40	EF018	stretcher			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	SA044	pack, moderate sedation		1		S	Remove				
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	L051A	RN	72			CL		-57		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	EF018	stretcher			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	EF027	table, instrument, mobile			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	EQ011	ECG, 3-channel (with			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49406	IMAGE CATH FLUID	000	101	24.91	6.20	40	EQ032	IV infusion pump			162	E			-102	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	SA044	pack, moderate sedation		1		S	Remove				
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	L051A	RN	77			CL		-62		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	EQ032	IV infusion pump			167	E			-107	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	EQ011	ECG, 3-channel (with			167	E			-107	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	EF027	table, instrument, mobile			167	E			-107	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49407	IMAGE CATH FLUID	000	4	20.84	6.58	45	EF018	stretcher			167	E			-107	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49411	INS MARK ABD/PEL FOR RT	000	93	15.62	5.74	40	SA044	pack, moderate sedation		1		S	Remove				
49411	INS MARK ABD/PEL FOR RT	000	93	15.62	5.74	40	L051A	RN	102			CL		-57		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49411	INS MARK ABD/PEL FOR RT	000	93	15.62	5.74	40	EQ011	ECG, 3-channel (with			162	E			18	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49411	INS MARK ABD/PEL FOR RT	000	93	15.62	5.74	40	EQ032	IV infusion pump			162	E			18	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49411	INS MARK ABD/PEL FOR RT	000	93	15.62	5.74	40	EF027	table, instrument, mobile			162	E			18	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49418	INSERT TUN IP CATH PERC	000	335	40.74	6.36	40	SA044	pack, moderate sedation		1		S	Remove				
49418	INSERT TUN IP CATH PERC	000	335	40.74	6.36	40	L051A	RN	102			CL		-57		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49418	INSERT TUN IP CATH PERC	000	335	40.74	6.36	40	EQ032	IV infusion pump			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49418	INSERT TUN IP CATH PERC	000	335	40.74	6.36	40	EQ011	ECG, 3-channel (with			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49418	INSERT TUN IP CATH PERC	000	335	40.74	6.36	40	EF027	table, instrument, mobile			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
49440	PLACE GASTROSTOMY TUBE	010	162	29.60	6.48	38	SA044	pack, moderate sedation		1		S	Remove				
49440	PLACE GASTROSTOMY TUBE	010	162	29.60	6.48	38	L051A	RN	55			CL	Remove				
49440	PLACE GASTROSTOMY TUBE	010	162	29.60	6.48	38	EQ011	ECG, 3-channel (with			100	E	Remove				
49440	PLACE GASTROSTOMY TUBE	010	162	29.60	6.48	38	EQ032	IV infusion pump			100	E	Remove				
49440	PLACE GASTROSTOMY TUBE	010	162	29.60	6.48	38	EF027	table, instrument, mobile			100	E	Remove				
49441	PLACE DUOD/JEJ TUBE PERC	010	3	33.14	7.47	45	SA044	pack, moderate sedation		1		S	Remove				
49441	PLACE DUOD/JEJ TUBE PERC	010	3	33.14	7.47	45	L051A	RN	62			CL	Remove				
49441	PLACE DUOD/JEJ TUBE PERC	010	3	33.14	7.47	45	EQ032	IV infusion pump			107	E	Remove				
49441	PLACE DUOD/JEJ TUBE PERC	010	3	33.14	7.47	45	EF027	table, instrument, mobile			107	E	Remove				
49441	PLACE DUOD/JEJ TUBE PERC	010	3	33.14	7.47	45	EQ011	ECG, 3-channel (with			107	E	Remove				
49442	PLACE CECOSTOMY TUBE	010	4	27.54	6.47	30	SA044	pack, moderate sedation		1		S	Remove				
49442	PLACE CECOSTOMY TUBE	010	4	27.54	6.47	30	L051A	RN	47			CL	Remove				
49442	PLACE CECOSTOMY TUBE	010	4	27.54	6.47	30	EQ011	ECG, 3-channel (with			92	E	Remove				
49442	PLACE CECOSTOMY TUBE	010	4	27.54	6.47	30	EF027	table, instrument, mobile			92	E	Remove				
49442	PLACE CECOSTOMY TUBE	010	4	27.54	6.47	30	EQ032	IV infusion pump			92	E	Remove				
49446	CHANGE G-TUBE TO G-J	000	19	28.45	4.75	40	SA044	pack, moderate sedation		1		S	Remove				
49446	CHANGE G-TUBE TO G-J	000	19	28.45	4.75	40	L051A	RN	57			CL	Remove				
49446	CHANGE G-TUBE TO G-J	000	19	28.45	4.75	40	EQ011	ECG, 3-channel (with			102	E	Remove				
77371	SRS MULTISOURCE	XXX	49	0.00	0.00							S					
77371	SRS MULTISOURCE	XXX	49	0.00	0.00							CL					
77371	SRS MULTISOURCE	XXX	49	0.00	0.00							E					
92920	PRQ CARDIAC ANGIOPLAST 1 AR	000	30	NA	15.84	68						S					
92920	PRQ CARDIAC ANGIOPLAST 1 AR	000	30	NA	15.84	68						CL					
92920	PRQ CARDIAC ANGIOPLAST 1 AR	000	30	NA	15.84	68						E					
92921	PRQ CARDIAC ANGIO ADDL ART	ZZZ	Not available	0.00	0.00	30						S					
92921	PRQ CARDIAC ANGIO ADDL ART	ZZZ	Not available	0.00	0.00	30						CL					

92921	PRQ CARDIAC ANGIO ADDL ART	ZZZ	Not available	0.00	0.00	30						E					
92924	PRQ CARD ANGIO/ATHRECT 1 AR	000	3	NA	18.79	84						S					
92924	PRQ CARD ANGIO/ATHRECT 1 AR	000	3	NA	18.79	84						CL					
92924	PRQ CARD ANGIO/ATHRECT 1 AR	000	3	NA	18.79	84						E					
92925	PRQ CARD ANGIO/ATHRECT ADDL	ZZZ	Not available	0.00	0.00	45						S					
92925	PRQ CARD ANGIO/ATHRECT ADDL	ZZZ	Not available	0.00	0.00	45						CL					
92925	PRQ CARD ANGIO/ATHRECT ADDL	ZZZ	Not available	0.00	0.00	45						E					
92928	PRQ CARD STENT W/ANGIO 1 VS	000	356	NA	17.57	76						S					
92928	PRQ CARD STENT W/ANGIO 1 VS	000	356	NA	17.57	76						CL					
92928	PRQ CARD STENT W/ANGIO 1 VS	000	356	NA	17.57	76						E					
92929	PRQ CARD STENT W/ANGIO ADDL	ZZZ	-	0.00	0.00	30						S					
92929	PRQ CARD STENT W/ANGIO ADDL	ZZZ	-	0.00	0.00	30						CL					
92929	PRQ CARD STENT W/ANGIO ADDL	ZZZ	-	0.00	0.00	30						E					
92933	PRQ CARD STENT/ATH/ANGIO	000	14	NA	19.66	87						S					
92933	PRQ CARD STENT/ATH/ANGIO	000	14	NA	19.66	87						CL					
92933	PRQ CARD STENT/ATH/ANGIO	000	14	NA	19.66	87						E					
92934	PRQ CARD STENT/ATH/ANGIO	ZZZ	Not available	0.00	0.00	45						S					
92934	PRQ CARD STENT/ATH/ANGIO	ZZZ	Not available	0.00	0.00	45						CL					
92934	PRQ CARD STENT/ATH/ANGIO	ZZZ	Not available	0.00	0.00	45						E					
92937	PRQ REVASC BYP GRAFT 1 VSL	000	27	NA	17.56	67						S					
92937	PRQ REVASC BYP GRAFT 1 VSL	000	27	NA	17.56	67						CL					
92937	PRQ REVASC BYP GRAFT 1 VSL	000	27	NA	17.56	67						E					
92938	PRQ REVASC BYP GRAFT ADDL	ZZZ	Not available	0.00	0.00	60						S					
92938	PRQ REVASC BYP GRAFT ADDL	ZZZ	Not available	0.00	0.00	60						CL					
92938	PRQ REVASC BYP GRAFT ADDL	ZZZ	Not available	0.00	0.00	60						E					
92941	PRQ CARD REVASC MI 1 VSL	000	54	NA	19.69	70						S					
92941	PRQ CARD REVASC MI 1 VSL	000	54	NA	19.69	70						CL					
92941	PRQ CARD REVASC MI 1 VSL	000	54	NA	19.69	70						E					
92943	PRQ CARD REVASC CHRONIC 1VS	000	7	NA	19.67	92						S					
92943	PRQ CARD REVASC CHRONIC 1VS	000	7	NA	19.67	92						CL					
92943	PRQ CARD REVASC CHRONIC 1VS	000	7	NA	19.67	92						E					
92944	PRQ CARD REVASC CHRONIC ADD	ZZZ	Not available	0.00	0.00	60						S					
92944	PRQ CARD REVASC CHRONIC ADD	ZZZ	Not available	0.00	0.00	60						CL					
92944	PRQ CARD REVASC CHRONIC ADD	ZZZ	Not available	0.00	0.00	60						E					
49446	CHANGE G-TUBE TO G-J	000	19	28.45	4.75	40	EQ032	IV infusion pump			102	E	Remove				
49446	CHANGE G-TUBE TO G-J	000	19	28.45	4.75	40	EF027	table, instrument, mobile			102	E	Remove				
50200	RENAL BIOPSY PERQ	000	481	17.49	4.15	53	SA044	pack, moderate sedation		1		S	Remove				
50200	RENAL BIOPSY PERQ	000	481	17.49	4.15	53	L051A	RN	115			CL		-70		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
50200	RENAL BIOPSY PERQ	000	481	17.49	4.15	53	EF027	table, instrument, mobile			115	E			65	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
92978	INTRAVASC US HEART ADD-ON	ZZZ	38	0.00	NA	25						S					
92978	INTRAVASC US HEART ADD-ON	ZZZ	38	0.00	NA	25						CL					
92978	INTRAVASC US HEART ADD-ON	ZZZ	38	0.00	NA	25						E					
92979	INTRAVASC US HEART ADD-ON	ZZZ	6	0.00	NA	25						S					
92979	INTRAVASC US HEART ADD-ON	ZZZ	6	0.00	NA	25						CL					
92979	INTRAVASC US HEART ADD-ON	ZZZ	6	0.00	NA	25						E					
50200	RENAL BIOPSY PERQ	000	481	17.49	4.15	53	EQ011	ECG, 3-channel (with			115	E			65	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
50200	RENAL BIOPSY PERQ	000	481	17.49	4.15	53	EQ032	IV infusion pump			115	E			65	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
50382	CHANGE URETER STENT	000	20	33.76	7.90	60	SA044	pack, moderate sedation		1		S	Remove				
50382	CHANGE URETER STENT	000	20	33.76	7.90	60	L051A	RN	77			CL	Remove				
50382	CHANGE URETER STENT	000	20	33.76	7.90	60	EQ032	IV infusion pump			122	E	Remove				
50382	CHANGE URETER STENT	000	20	33.76	7.90	60	EQ011	ECG, 3-channel (with			122	E	Remove				
50382	CHANGE URETER STENT	000	20	33.76	7.90	60	EF027	table, instrument, mobile			122	E	Remove				
50384	REMOVE URETER STENT	000	5	26.87	7.15	55	SA044	pack, moderate sedation		1		S	Remove				
50384	REMOVE URETER STENT	000	5	26.87	7.15	55	L051A	RN	72			CL	Remove				
50384	REMOVE URETER STENT	000	5	26.87	7.15	55	EQ032	IV infusion pump			117	E	Remove				

50384	REMOVE URETER STENT	000	5	26.87	7.15	55	EQ011	ECG, 3-channel (with			117	E	Remove			
50384	REMOVE URETER STENT	000	5	26.87	7.15	55	EF027	table, instrument, mobile			117	E	Remove			
93315	ECHO TRANSESOPHAGEAL	XXX	19	0.00	NA	40						S				
93315	ECHO TRANSESOPHAGEAL	XXX	19	0.00	NA	40						CL				
93315	ECHO TRANSESOPHAGEAL	XXX	19	0.00	NA	40						E				
93317	ECHO TRANSESOPHAGEAL	XXX	1	0.00	NA	20						S				
93317	ECHO TRANSESOPHAGEAL	XXX	1	0.00	NA	20						CL				
93317	ECHO TRANSESOPHAGEAL	XXX	1	0.00	NA	20						E				
93318	ECHO TRANSESOPHAGEAL INTRAO	XXX	18	0.00	NA	60						S				
93318	ECHO TRANSESOPHAGEAL INTRAO	XXX	18	0.00	NA	60						CL				
93318	ECHO TRANSESOPHAGEAL INTRAO	XXX	18	0.00	NA	60						E				
50385	CHANGE STENT VIA	000	52	32.46	6.75	45	SA044	pack, moderate sedation		1		S	Remove			
50385	CHANGE STENT VIA	000	52	32.46	6.75	45	L051A	RN	62			CL	Remove			
50385	CHANGE STENT VIA	000	52	32.46	6.75	45	EF027	table, instrument, mobile			107	E	Remove			
50385	CHANGE STENT VIA	000	52	32.46	6.75	45	EQ011	ECG, 3-channel (with			107	E	Remove			
50385	CHANGE STENT VIA	000	52	32.46	6.75	45	EQ032	IV infusion pump			107	E	Remove			
50386	REMOVE STENT VIA	000	76	21.11	5.10	30	SA044	pack, moderate sedation		1		S	Remove			
50386	REMOVE STENT VIA	000	76	21.11	5.10	30	L051A	RN	47			CL	Remove			
50386	REMOVE STENT VIA	000	76	21.11	5.10	30	EQ032	IV infusion pump			92	E	Remove			
50386	REMOVE STENT VIA	000	76	21.11	5.10	30	EQ011	ECG, 3-channel (with			92	E	Remove			
50386	REMOVE STENT VIA	000	76	21.11	5.10	30	EF027	table, instrument, mobile			92	E	Remove			
50387	CHANGE NEPHROURETERAL	000	26	15.46	2.84	18	SA044	pack, moderate sedation		1		S	Remove			
50387	CHANGE NEPHROURETERAL	000	26	15.46	2.84	18	L051A	RN	35			CL	Remove			
50387	CHANGE NEPHROURETERAL	000	26	15.46	2.84	18	EF027	table, instrument, mobile			80	E	Remove			
50387	CHANGE NEPHROURETERAL	000	26	15.46	2.84	18	EQ011	ECG, 3-channel (with			80	E	Remove			
50387	CHANGE NEPHROURETERAL	000	26	15.46	2.84	18	EQ032	IV infusion pump			80	E	Remove			
50430	NJX PX NFROSGRM &/URTRGRM					35	L051A	RN	97			CL		-52		45
50430	NJX PX NFROSGRM &/URTRGRM					35	SA044	pack, moderate sedation		1		S	Remove			
50430	NJX PX NFROSGRM &/URTRGRM					35	EF027	table, instrument, mobile			284	E			-104	180
50430	NJX PX NFROSGRM &/URTRGRM					35	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			284	E			-104	180
50430	NJX PX NFROSGRM &/URTRGRM					35	EQ032	IV infusion pump			284	E			-104	180
50432	PLMT NEPHROSTOMY CATHETER					48	L051A	RN	110			CL		-65		45
50432	PLMT NEPHROSTOMY CATHETER					48	SA044	pack, moderate sedation		1		S	Remove			
50432	PLMT NEPHROSTOMY CATHETER					48	EF027	table, instrument, mobile			300	E			-120	180
50432	PLMT NEPHROSTOMY CATHETER					48	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			300	E			-120	180
50432	PLMT NEPHROSTOMY CATHETER					48	EQ032	IV infusion pump			300	E			-120	180
50433	PLMT NEPHROURETERAL CATHETE					60	L051A	RN	122			CL		-77		45
50433	PLMT NEPHROURETERAL CATHETE					60	SA044	pack, moderate sedation		1		S	Remove			
50433	PLMT NEPHROURETERAL CATHETE					60	EF027	table, instrument, mobile			312	E			-132	180
50433	PLMT NEPHROURETERAL CATHETE					60	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			312	E			-132	180
50433	PLMT NEPHROURETERAL CATHETE					60	EQ032	IV infusion pump			312	E			-132	180
50434	CONVERT NEPHROSTOMY CATHETE					45	L051A	RN	107			CL		-62		45
50434	CONVERT NEPHROSTOMY CATHETE					45	SA044	pack, moderate sedation		1		S	Remove			
50434	CONVERT NEPHROSTOMY CATHETE					45	EF027	table, instrument, mobile			297	E			-117	180
50434	CONVERT NEPHROSTOMY CATHETE					45	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			297	E			-117	180
50434	CONVERT NEPHROSTOMY CATHETE					45	EQ032	IV infusion pump			297	E			-117	180
50606	ENDOLUMINAL BX URTR RNL PLV					45	L051A	RN	45			CL	Remove			
50606	ENDOLUMINAL BX URTR RNL PLV					45	SA044	pack, moderate sedation		1		S	Remove			
50606	ENDOLUMINAL BX URTR RNL PLV					45	EF027	table, instrument, mobile			47	E	Remove			
50606	ENDOLUMINAL BX URTR RNL PLV					45	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			47	E	Remove			
50606	ENDOLUMINAL BX URTR RNL PLV					45	EQ032	IV infusion pump			47	E	Remove			
50693	PLMT URETERAL STENT PRQ					45	L051A	RN	107			CL		-62		45
50693	PLMT URETERAL STENT PRQ					45	SA044	pack, moderate sedation		1		S	Remove			
50693	PLMT URETERAL STENT PRQ					45	EF027	table, instrument, mobile			297	E			-117	180
50693	PLMT URETERAL STENT PRQ					45	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			297	E			-117	180
50693	PLMT URETERAL STENT PRQ					45	EQ032	IV infusion pump			297	E			-117	180
50694	PLMT URETERAL STENT PRQ					62	L051A	RN	124			CL		-79		45
50694	PLMT URETERAL STENT PRQ					62	SA044	pack, moderate sedation		1		S	Remove			
50694	PLMT URETERAL STENT PRQ					62	EF027	table, instrument, mobile			314	E			-134	180
50694	PLMT URETERAL STENT PRQ					62	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			314	E			-134	180
50694	PLMT URETERAL STENT PRQ					62	EQ032	IV infusion pump			314	E			-134	180
50695	PLMT URETERAL STENT PRQ					75	L051A	RN	137			CL		-92		45
50695	PLMT URETERAL STENT PRQ					75	SA044	pack, moderate sedation		1		S	Remove			
50695	PLMT URETERAL STENT PRQ					75	EF027	table, instrument, mobile			327	E			-147	180
50695	PLMT URETERAL STENT PRQ					75	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			327	E			-147	180
50695	PLMT URETERAL STENT PRQ					75	EQ032	IV infusion pump			327	E			-147	180
93462	L HRT CATH TRNSPTL PUNCTURE	ZZZ	5	6.03	6.03	40						S				
93462	L HRT CATH TRNSPTL PUNCTURE	ZZZ	5	6.03	6.03	40						CL				
93462	L HRT CATH TRNSPTL PUNCTURE	ZZZ	5	6.03	6.03	40						E				
93463	DRUG ADMIN & HEMODYNMIC MEA	ZZZ	36	2.82	2.82	30						S				
93463	DRUG ADMIN & HEMODYNMIC MEA	ZZZ	36	2.82	2.82	30						CL				
93463	DRUG ADMIN & HEMODYNMIC MEA	ZZZ	36	2.82	2.82	30						E				
50705	URETERAL EMBOLIZATION/OCCL					60	L051A	RN	65			CL	Remove			
50705	URETERAL EMBOLIZATION/OCCL					60	SA044	pack, moderate sedation		1		S	Remove			
50705	URETERAL EMBOLIZATION/OCCL					60	EF027	table, instrument, mobile			67	E	Remove			
50705	URETERAL EMBOLIZATION/OCCL					60	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			67	E	Remove			
50705	URETERAL EMBOLIZATION/OCCL					60	EQ032	IV infusion pump			67	E	Remove			
50706	BALLOON DILATE URTRL STRIX					60	L051A	RN	60			CL	Remove			
50706	BALLOON DILATE URTRL STRIX					60	SA044	pack, moderate sedation		1		S	Remove			
50706	BALLOON DILATE URTRL STRIX					60	EF027	table, instrument, mobile			62	E	Remove			
50706	BALLOON DILATE URTRL STRIX					60	EQ011	ECG, 3-channel (with Sp02, NIBP, temp, resp)			62	E	Remove			
93530	RT HEART CATH CONGENITAL	000	1	NA	NA	95						S				

93530	RT HEART CATH CONGENITAL	000	1	NA	NA	95							CL	
93530	RT HEART CATH CONGENITAL	000	1	NA	NA	95							E	
93561	CARDIAC OUTPUT MEASUREMENT	000	1	NA	NA	29							S	
93561	CARDIAC OUTPUT MEASUREMENT	000	1	NA	NA	29							CL	
93561	CARDIAC OUTPUT MEASUREMENT	000	1	NA	NA	29							E	
93562	CARD OUTPUT MEASURE SUBSQ	000	2	NA	NA	16							S	
93562	CARD OUTPUT MEASURE SUBSQ	000	2	NA	NA	16							CL	
93562	CARD OUTPUT MEASURE SUBSQ	000	2	NA	NA	16							E	
93563	INJECT CONGENITAL CARD CATH	ZZZ	1	1.71	1.71	25							S	
93563	INJECT CONGENITAL CARD CATH	ZZZ	1	1.71	1.71	25							CL	
93563	INJECT CONGENITAL CARD CATH	ZZZ	1	1.71	1.71	25							E	
93564	INJECT HRT CONGNTL ART/GRFT	ZZZ	-	1.79	1.79	25							S	
93564	INJECT HRT CONGNTL ART/GRFT	ZZZ	-	1.79	1.79	25							CL	
93564	INJECT HRT CONGNTL ART/GRFT	ZZZ	-	1.79	1.79	25							E	
93565	INJECT L VENTR/ATRIAL ANGIO	ZZZ	-	1.34	1.34	20							S	
93565	INJECT L VENTR/ATRIAL ANGIO	ZZZ	-	1.34	1.34	20							CL	
93565	INJECT L VENTR/ATRIAL ANGIO	ZZZ	-	1.34	1.34	20							E	
50706	BALLOON DILATE URTRL STRIX					60	EQ032	IV infusion pump				62	E	Remove
57155	INSERT UTERI	000	591	12.13	8.26	60	SA044	pack, moderate sedation			1		S	Remove
57155	INSERT UTERI	000	591	12.13	8.26	60	L051A	RN	77				CL	Remove
57155	INSERT UTERI	000	591	12.13	8.26	60	EF027	table, instrument, mobile				122	E	Remove
57155	INSERT UTERI	000	591	12.13	8.26	60	EQ011	ECG, 3-channel (with				122	E	Remove
57155	INSERT UTERI	000	591	12.13	8.26	60	EQ032	IV infusion pump				122	E	Remove
69300	REVISE EXTERNAL EAR	YYY	10	20.93	13.67	120	SA044	pack, moderate sedation			1		S	Remove
69300	REVISE EXTERNAL EAR	YYY	10	20.93	13.67	120	L051A	RN	137				CL	Remove
69300	REVISE EXTERNAL EAR	YYY	10	20.93	13.67	120	EQ011	ECG, 3-channel (with				182	E	Remove
69300	REVISE EXTERNAL EAR	YYY	10	20.93	13.67	120	EF027	table, instrument, mobile				182	E	Remove
69300	REVISE EXTERNAL EAR	YYY	10	20.93	13.67	120	EQ032	IV infusion pump				182	E	Remove
92960	CARDIOVERSION ELECTRIC	000	1,330	5.84	3.49	15	SA044	pack, moderate sedation		1			S	Remove
93571	HEART FLOW RESERVE MEASURE	ZZZ	120	NA	NA	20							S	
93571	HEART FLOW RESERVE MEASURE	ZZZ	120	NA	NA	20							CL	
93571	HEART FLOW RESERVE MEASURE	ZZZ	120	NA	NA	20							E	
93572	HEART FLOW RESERVE MEASURE	ZZZ	18	NA	NA	15							S	
93572	HEART FLOW RESERVE MEASURE	ZZZ	18	NA	NA	15							CL	
93572	HEART FLOW RESERVE MEASURE	ZZZ	18	NA	NA	15							E	
93582	PERQ TRANSCATH CLOSURE PDA	000	-	NA	19.51	60							S	
93582	PERQ TRANSCATH CLOSURE PDA	000	-	NA	19.51	60							CL	
93582	PERQ TRANSCATH CLOSURE PDA	000	-	NA	19.51	60							E	
93583	PERQ TRANSCATH SEPTAL REDUX	000	-	NA	21.75	90							S	
93583	PERQ TRANSCATH SEPTAL REDUX	000	-	NA	21.75	90							CL	
93583	PERQ TRANSCATH SEPTAL REDUX	000	-	NA	21.75	90							E	
93609	MAP TACHYCARDIA ADD-ON	ZZZ	7	0.00	NA	90							S	
93609	MAP TACHYCARDIA ADD-ON	ZZZ	7	0.00	NA	90							CL	
93609	MAP TACHYCARDIA ADD-ON	ZZZ	7	0.00	NA	90							E	
93615	ESOPHAGEAL RECORDING	000	5	0.00	NA	27							S	
93615	ESOPHAGEAL RECORDING	000	5	0.00	NA	27							CL	
93615	ESOPHAGEAL RECORDING	000	5	0.00	NA	27							E	
93616	ESOPHAGEAL RECORDING	000	-	0.00	NA	26							S	
93616	ESOPHAGEAL RECORDING	000	-	0.00	NA	26							CL	
93616	ESOPHAGEAL RECORDING	000	-	0.00	NA	26							E	
93618	HEART RHYTHM PACING	000	-	0.00	NA	90							S	
93618	HEART RHYTHM PACING	000	-	0.00	NA	90							CL	
93618	HEART RHYTHM PACING	000	-	0.00	NA	90							E	
93619	ELECTROPHYSIOLOGY EVALUATIO	000	6	0.00	NA	90							S	
93619	ELECTROPHYSIOLOGY EVALUATIO	000	6	0.00	NA	90							CL	
93619	ELECTROPHYSIOLOGY EVALUATIO	000	6	0.00	NA	90							E	
93620	ELECTROPHYSIOLOGY EVALUATIO	000	42	0.00	NA	120							S	

93620	ELECTROPHYSIOLOGY EVALUATIO	000	42	0.00	NA	120						CL			
93620	ELECTROPHYSIOLOGY EVALUATIO	000	42	0.00	NA	120						E			
93621	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	51	0.00	NA	30						S			
93621	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	51	0.00	NA	30						CL			
93621	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	51	0.00	NA	30						E			
93622	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	5	0.00	NA	45						S			
93622	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	5	0.00	NA	45						CL			
93622	ELECTROPHYSIOLOGY EVALUATIO	ZZZ	5	0.00	NA	45						E			
93624	ELECTROPHYSIOLOGIC STUDY	000	2	0.00	NA	60						S			
93624	ELECTROPHYSIOLOGIC STUDY	000	2	0.00	NA	60						CL			
93624	ELECTROPHYSIOLOGIC STUDY	000	2	0.00	NA	60						E			
93640	EVALUATION HEART DEVICE	000	25	0.00	NA	90						S			
93640	EVALUATION HEART DEVICE	000	25	0.00	NA	90						CL			
93640	EVALUATION HEART DEVICE	000	25	0.00	NA	90						E			
93641	ELECTROPHYSIOLOGY EVALUATIO	000	159	0.00	NA	120						S			
93641	ELECTROPHYSIOLOGY EVALUATIO	000	159	0.00	NA	120						CL			
93641	ELECTROPHYSIOLOGY EVALUATIO	000	159	0.00	NA	120						E			
92960	CARDIOVERSION ELECTRIC	000	1,330	5.84	3.49	15	L051A	RN	32			CL	Remove		
92960	CARDIOVERSION ELECTRIC	000	1,330	5.84	3.49	15	EQ032	IV infusion pump			77	E	Remove		
92960	CARDIOVERSION ELECTRIC	000	1,330	5.84	3.49	15	EQ011	ECG, 3-channel (with			77	E	Remove		
92960	CARDIOVERSION ELECTRIC	000	1,330	5.84	3.49	15	EF027	table, instrument, mobile			77	E	Remove		
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	SA044	pack, moderate sedation		1		S	Remove		
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	L051A	RN	49			CL		-47	2 minutes inappropriately placed in RN time and should be transferred to RN/LPN/MTA
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	EQ032	IV infusion pump			92	E	Remove		
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	EF018	stretcher			92	E	Remove		
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	EF027	table, instrument, mobile			92	E	Remove		
93653	EP & ABLATE SUPRAVENT ARRHY	000	80	NA	24.58	180						S			
93653	EP & ABLATE SUPRAVENT ARRHY	000	80	NA	24.58	180						CL			
93653	EP & ABLATE SUPRAVENT ARRHY	000	80	NA	24.58	180						E			
93654	EP & ABLATE VENTRIC TACHY	000	5	NA	32.70	240						S			
93654	EP & ABLATE VENTRIC TACHY	000	5	NA	32.70	240						CL			
93654	EP & ABLATE VENTRIC TACHY	000	5	NA	32.70	240						E			
93655	ABLATE ARRHYTHMIA ADD ON	ZZZ	21	NA	12.28	90						S			
93655	ABLATE ARRHYTHMIA ADD ON	ZZZ	21	NA	12.28	90						CL			
93655	ABLATE ARRHYTHMIA ADD ON	ZZZ	21	NA	12.28	90						E			
93656	TX ATRIAL FIB PULM VEIN ISO	000	35	NA	32.84	240						S			
93656	TX ATRIAL FIB PULM VEIN ISO	000	35	NA	32.84	240						CL			
93656	TX ATRIAL FIB PULM VEIN ISO	000	35	NA	32.84	240						E			
93657	TX L/R ATRIAL FIB ADDL	ZZZ	30	NA	12.27	90						S			
93657	TX L/R ATRIAL FIB ADDL	ZZZ	30	NA	12.27	90						CL			
93657	TX L/R ATRIAL FIB ADDL	ZZZ	30	NA	12.27	90						E			
0200T	PERQ SACRAL AUGMT UNILAT IN	XXX	10	0.00	0.00							S			
0200T	PERQ SACRAL AUGMT UNILAT IN	XXX	10	0.00	0.00							CL			
0200T	PERQ SACRAL AUGMT UNILAT IN	XXX	10	0.00	0.00							E			
0201T	PERQ SACRAL AUGMT BILAT INJ	XXX	14	0.00	0.00							S			
0201T	PERQ SACRAL AUGMT BILAT INJ	XXX	14	0.00	0.00							CL			
0201T	PERQ SACRAL AUGMT BILAT INJ	XXX	14	0.00	0.00							E			
0282T	PERIPH FIELD STIMUL TRIAL	XXX	-	0.00	0.00							S			
0282T	PERIPH FIELD STIMUL TRIAL	XXX	-	0.00	0.00							CL			
0282T	PERIPH FIELD STIMUL TRIAL	XXX	-	0.00	0.00							E			
0283T	PERIPH FIELD STIMUL PERM	XXX	Not available	0.00	0.00							S			
0283T	PERIPH FIELD STIMUL PERM	XXX	Not available	0.00	0.00							CL			
0283T	PERIPH FIELD STIMUL PERM	XXX	Not available	0.00	0.00							E			
0284T	PERIPH FIELD STIMUL REVISE	XXX	-	0.00	0.00							S			
0284T	PERIPH FIELD STIMUL REVISE	XXX	-	0.00	0.00							CL			
0284T	PERIPH FIELD STIMUL REVISE	XXX	-	0.00	0.00							E			
0291T	IV OCT FOR PROC INIT VESSEL	ZZZ	-	0.00	0.00							S			

0291T	IV OCT FOR PROC INIT VESSEL	ZZZ	-	0.00	0.00							CL					
0291T	IV OCT FOR PROC INIT VESSEL	ZZZ	-	0.00	0.00							E					
0292T	IV OCT FOR PROC ADDL VESSEL	ZZZ	-	0.00	0.00							S					
0292T	IV OCT FOR PROC ADDL VESSEL	ZZZ	-	0.00	0.00							CL					
0292T	IV OCT FOR PROC ADDL VESSEL	ZZZ	-	0.00	0.00							E					
0293T	INS LT ATRL PRESS MONITOR	XXX	-	0.00	0.00							S					
0293T	INS LT ATRL PRESS MONITOR	XXX	-	0.00	0.00							CL					
0293T	INS LT ATRL PRESS MONITOR	XXX	-	0.00	0.00							E					
0294T	INS LT ATRL MONT PRES LEAD	ZZZ	Not available	0.00	0.00							S					
0294T	INS LT ATRL MONT PRES LEAD	ZZZ	Not available	0.00	0.00							CL					
0294T	INS LT ATRL MONT PRES LEAD	ZZZ	Not available	0.00	0.00							E					
0301T	MW THERAPY FOR BREAST TUMOR	XXX	Not available	0.00	0.00							S					
0301T	MW THERAPY FOR BREAST TUMOR	XXX	Not available	0.00	0.00							CL					
0301T	MW THERAPY FOR BREAST TUMOR	XXX	Not available	0.00	0.00							E					
0302T	ICAR ISCHM MNTRNG SYS COMPL	YYY	Not available	0.00	0.00							S					
0302T	ICAR ISCHM MNTRNG SYS COMPL	YYY	Not available	0.00	0.00							CL					
0302T	ICAR ISCHM MNTRNG SYS COMPL	YYY	Not available	0.00	0.00							E					
0303T	ICAR ISCHM MNTRNG SYS ELTRD	YYY	Not available	0.00	0.00							S					
0303T	ICAR ISCHM MNTRNG SYS ELTRD	YYY	Not available	0.00	0.00							CL					
0303T	ICAR ISCHM MNTRNG SYS ELTRD	YYY	Not available	0.00	0.00							E					
0304T	ICAR ISCHM MNTRNG SYS DEVIC	YYY	Not available	0.00	0.00							S					
0304T	ICAR ISCHM MNTRNG SYS DEVIC	YYY	Not available	0.00	0.00							CL					
0304T	ICAR ISCHM MNTRNG SYS DEVIC	YYY	Not available	0.00	0.00							E					
0307T	RMVL ICAR ISCHM MNTRNG DVCE	YYY	Not available	0.00	0.00							S					
0307T	RMVL ICAR ISCHM MNTRNG DVCE	YYY	Not available	0.00	0.00							CL					
0307T	RMVL ICAR ISCHM MNTRNG DVCE	YYY	Not available	0.00	0.00							E					
0308T	INSJ OCULAR TELESCOPE PROST	YYY	-	0.00	0.00							S					
0308T	INSJ OCULAR TELESCOPE PROST	YYY	-	0.00	0.00							CL					
0308T	INSJ OCULAR TELESCOPE PROST	YYY	-	0.00	0.00							E					
0335T	EXTRAOSSEOUS JOINT STBLZTIO	YYY	Not available	0.00	0.00							S					
0335T	EXTRAOSSEOUS JOINT STBLZTIO	YYY	Not available	0.00	0.00							CL					
0335T	EXTRAOSSEOUS JOINT STBLZTIO	YYY	Not available	0.00	0.00							E					
0340T	ABLATE PULM TUMORS EXTNSN	YYY	Not available	0.00	0.00							S					
0340T	ABLATE PULM TUMORS EXTNSN	YYY	Not available	0.00	0.00							CL					
0340T	ABLATE PULM TUMORS EXTNSN	YYY	Not available	0.00	0.00							E					
93312	ECHO TRANSESOPHAGEAL	XXX	1,525	8.62	NA	30	EQ011	ECG, 3-channel (with			92	E	Remove				
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	SA044	pack, moderate sedation		1		S	Remove				
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	L051A	RN	49			CL		-37			12 minutes inappropriately placed in RN time and should be transferred to RN/LPN/MTA
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	EQ011	ECG, 3-channel (with			92	E	Remove				
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	EF027	table, instrument, mobile			92	E	Remove				
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	EQ032	IV infusion pump			92	E	Remove				
93314	ECHO TRANSESOPHAGEAL	XXX	162	8.28	NA	20	EF018	stretcher			92	E	Remove				
93451	RIGHT HEART CATH	000	351	22.21	NA	30	SA044	pack, moderate sedation		1		S	Remove				
93451	RIGHT HEART CATH	000	351	22.21	NA	30	L051A	RN	62			CL		-47		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93451	RIGHT HEART CATH	000	351	22.21	NA	30	EF027	table, instrument, mobile			152	E			-92	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93451	RIGHT HEART CATH	000	351	22.21	NA	30	EQ011	ECG, 3-channel (with			152	E			-92	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93451	RIGHT HEART CATH	000	351	22.21	NA	30	EQ032	IV infusion pump			152	E			-92	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93452	LEFT HRT CATH	000	126	25.11	NA	30	SA044	pack, moderate sedation		1		S	Remove				
93452	LEFT HRT CATH	000	126	25.11	NA	30	L051A	RN	92			CL		-47		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93452	LEFT HRT CATH	000	126	25.11	NA	30	EQ011	ECG, 3-channel (with			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93452	LEFT HRT CATH	000	126	25.11	NA	30	EQ032	IV infusion pump			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93452	LEFT HRT CATH	000	126	25.11	NA	30	EF027	table, instrument, mobile			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93453	R&L HRT CATH	000	57	32.33	NA	45	SA044	pack, moderate sedation		1		S	Remove				
93453	R&L HRT CATH	000	57	32.33	NA	45	L051A	RN	107			CL		-62		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93453	R&L HRT CATH	000	57	32.33	NA	45	EF027	table, instrument, mobile			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93453	R&L HRT CATH	000	57	32.33	NA	45	EQ011	ECG, 3-channel (with			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93453	R&L HRT CATH	000	57	32.33	NA	45	EQ032	IV infusion pump			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93454	CORONARY ARTERY ANGIO	000	629	25.41	NA	30	SA044	pack, moderate sedation		1		S	Remove				

93454	CORONARY ARTERY ANGIO	000	629	25.41	NA	30	L051A	RN	92			CL		-47		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93454	CORONARY ARTERY ANGIO	000	629	25.41	NA	30	EF027	table, instrument, mobile			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93454	CORONARY ARTERY ANGIO	000	629	25.41	NA	30	EQ032	IV infusion pump			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93454	CORONARY ARTERY ANGIO	000	629	25.41	NA	30	EQ011	ECG, 3-channel (with			272	E			-92	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93455	CORONARY ART/GRFT ANGIO	000	152	29.59	NA	40	SA044	pack, moderate sedation		1		S	Remove				
93455	CORONARY ART/GRFT ANGIO	000	152	29.59	NA	40	L051A	RN	102			CL		-57		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93455	CORONARY ART/GRFT ANGIO	000	152	29.59	NA	40	EF027	table, instrument, mobile			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93455	CORONARY ART/GRFT ANGIO	000	152	29.59	NA	40	EQ011	ECG, 3-channel (with			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93455	CORONARY ART/GRFT ANGIO	000	152	29.59	NA	40	EQ032	IV infusion pump			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93456	R HRT CORONARY ARTERY	000	86	31.81	NA	40	SA044	pack, moderate sedation		1		S	Remove				
93456	R HRT CORONARY ARTERY	000	86	31.81	NA	40	L051A	RN	102			CL		-57		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93456	R HRT CORONARY ARTERY	000	86	31.81	NA	40	EQ011	ECG, 3-channel (with			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93456	R HRT CORONARY ARTERY	000	86	31.81	NA	40	EQ032	IV infusion pump			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93456	R HRT CORONARY ARTERY	000	86	31.81	NA	40	EF027	table, instrument, mobile			282	E			-102	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93457	R HRT ART/GRFT ANGIO	000	21	35.91	NA	50	SA044	pack, moderate sedation		1		S	Remove				
93457	R HRT ART/GRFT ANGIO	000	21	35.91	NA	50	L051A	RN	112			CL		-67		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93457	R HRT ART/GRFT ANGIO	000	21	35.91	NA	50	EF027	table, instrument, mobile			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93457	R HRT ART/GRFT ANGIO	000	21	35.91	NA	50	EQ011	ECG, 3-channel (with			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93457	R HRT ART/GRFT ANGIO	000	21	35.91	NA	50	EQ032	IV infusion pump			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93458	L HRT ARTERY/VENTRICLE	000	9,303	30.45	NA	45	SA044	pack, moderate sedation		1		S	Remove				
93458	L HRT ARTERY/VENTRICLE	000	9,303	30.45	NA	45	L051A	RN	107			CL		-62		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93458	L HRT ARTERY/VENTRICLE	000	9,303	30.45	NA	45	EF027	table, instrument, mobile			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93458	L HRT ARTERY/VENTRICLE	000	9,303	30.45	NA	45	EQ032	IV infusion pump			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93458	L HRT ARTERY/VENTRICLE	000	9,303	30.45	NA	45	EQ011	ECG, 3-channel (with			287	E			-107	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93459	L HRT ART/GRFT ANGIO	000	2,199	33.64	NA	50	SA044	pack, moderate sedation		1		S	Remove				
93459	L HRT ART/GRFT ANGIO	000	2,199	33.64	NA	50	L051A	RN	112			CL		-67		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93459	L HRT ART/GRFT ANGIO	000	2,199	33.64	NA	50	EF027	table, instrument, mobile			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93459	L HRT ART/GRFT ANGIO	000	2,199	33.64	NA	50	EQ011	ECG, 3-channel (with			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93459	L HRT ART/GRFT ANGIO	000	2,199	33.64	NA	50	EQ032	IV infusion pump			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93460	R&L HRT ART/VENTRICLE	000	1,798	36.12	NA	50	SA044	pack, moderate sedation		1		S	Remove				
93460	R&L HRT ART/VENTRICLE	000	1,798	36.12	NA	50	L051A	RN	112			CL		-67		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93460	R&L HRT ART/VENTRICLE	000	1,798	36.12	NA	50	EF027	table, instrument, mobile			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93460	R&L HRT ART/VENTRICLE	000	1,798	36.12	NA	50	EQ032	IV infusion pump			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93460	R&L HRT ART/VENTRICLE	000	1,798	36.12	NA	50	EQ011	ECG, 3-channel (with			292	E			-112	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93461	R&L HRT ART/VENTRICLE	000	350	41.30	NA	65	SA044	pack, moderate sedation		1		S	Remove				
93461	R&L HRT ART/VENTRICLE	000	350	41.30	NA	65	L051A	RN	127			CL		-82		45	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93461	R&L HRT ART/VENTRICLE	000	350	41.30	NA	65	EF027	table, instrument, mobile			307	E			-127	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93461	R&L HRT ART/VENTRICLE	000	350	41.30	NA	65	EQ011	ECG, 3-channel (with			307	E			-127	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93461	R&L HRT ART/VENTRICLE	000	350	41.30	NA	65	EQ032	IV infusion pump			307	E			-127	180	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93464	EXERCISE W/HEMODYNAMIC	ZZZ	18	7.76	NA	30	L051A	RN	30			CL	Remove				
93464	EXERCISE W/HEMODYNAMIC	ZZZ	18	7.76	NA	30	EQ011	ECG, 3-channel (with			30	E	Remove				
93464	EXERCISE W/HEMODYNAMIC	ZZZ	18	7.76	NA	30	EF027	table, instrument, mobile			30	E	Remove				
93464	EXERCISE W/HEMODYNAMIC	ZZZ	18	7.76	NA	30	EQ032	IV infusion pump			30	E	Remove				
93505	BIOPSY OF HEART LINING	000	188	21.69	NA	38	SA044	pack, moderate sedation		1		S	Remove				
93505	BIOPSY OF HEART LINING	000	188	21.69	NA	38	L051A	RN	70			CL		-55		15	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93505	BIOPSY OF HEART LINING	000	188	21.69	NA	38	EF027	table, instrument, mobile			160	E			-100	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93505	BIOPSY OF HEART LINING	000	188	21.69	NA	38	EQ011	ECG, 3-channel (with			160	E			-100	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93505	BIOPSY OF HEART LINING	000	188	21.69	NA	38	EQ032	IV infusion pump			160	E			-100	60	Additional monitoring time recommended by post procedure monitoring time workgroup and approv
93566	INJECT R VENTR/ATRIAL	ZZZ	9	4.85	1.34	20	L051A	RN	20			CL	Remove				
93566	INJECT R VENTR/ATRIAL	ZZZ	9	4.85	1.34	20	EQ032	IV infusion pump			20	E	Remove				
93566	INJECT R VENTR/ATRIAL	ZZZ	9	4.85	1.34	20	EQ011	ECG, 3-channel (with			20	E	Remove				
93566	INJECT R VENTR/ATRIAL	ZZZ	9	4.85	1.34	20	EF027	table, instrument, mobile			20	E	Remove				
93567	INJECT SUPRVLV	ZZZ	971	4.02	1.52	15	L051A	RN	10			CL	Remove				Time to assist physician with CS is 10 not equal to work time of 15
93567	INJECT SUPRVLV	ZZZ	971	4.02	1.52	15	EF018	stretcher			10	E	Remove				
93567	INJECT SUPRVLV	ZZZ	971	4.02	1.52	15	EQ011	ECG, 3-channel (with			10	E	Remove				
93567	INJECT SUPRVLV	ZZZ	971	4.02	1.52	15	EQ032	IV infusion pump			10	E	Remove				
93568	INJECT PULM ART HRT CATH	ZZZ	6	4.36	1.37	20	L051A	RN	20			CL	Remove				
93568	INJECT PULM ART HRT CATH	ZZZ	6	4.36	1.37	20	EF027	table, instrument, mobile			20	E	Remove				
93568	INJECT PULM ART HRT CATH	ZZZ	6	4.36	1.37	20	EQ032	IV infusion pump			20	E	Remove				
93568	INJECT PULM ART HRT CATH	ZZZ	6	4.36	1.37	20	EQ011	ECG, 3-channel (with			20	E	Remove				
93642	ELECTROPHYSIOLOGY	000	198	12.13	NA	60	SA044	pack, moderate sedation		1		S	Remove				
93642	ELECTROPHYSIOLOGY	000	198	12.13	NA	60	L051A	RN	77			CL	Remove				
93642	ELECTROPHYSIOLOGY	000	198	12.13	NA	60	EF027	table, instrument, mobile			122	E	Remove				
93642	ELECTROPHYSIOLOGY	000	198	12.13	NA	60	EQ011	ECG, 3-channel (with			122	E	Remove				
93642	ELECTROPHYSIOLOGY	000	198	12.13	NA	60	EQ032	IV infusion pump			122	E	Remove				
93644	ELECTROPHYSIOLOGY	000	Not available	8.48	NA	20	SA044	pack, moderate sedation		1		S	Remove				
93644	ELECTROPHYSIOLOGY	000	Not available	8.48	NA	20	L051A	RN	37			CL	Remove				
93644	ELECTROPHYSIOLOGY	000	Not available	8.48	NA	20	EF027	table, instrument, mobile			89	E	Remove				
93644	ELECTROPHYSIOLOGY	000	Not available	8.48	NA	20	EQ032	IV infusion pump			89	E	Remove				

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2015

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.

CPT codes 75896 and 75898 were also identified as part of this family of services. The specialty societies requested to refer these services to the CPT Editorial Panel as a coding change proposal was submitted for review at the May 2015 CPT meeting to delete code 75896 and a multispecialty coding change proposal is scheduled to be addressed in a future CPT cycle. The new codes approved for intracranial thrombolysis and intracranial mechanical thrombectomy are expected to be utilized instead of 75898. The work remaining in 75798 will be appropriately surveyed by physicians who perform such work. The RUC is scheduled to review the utilization of 75898 at the October 2016 Relativity Assessment Workgroup meeting.

At the October 2015 RUC meeting the specialty societies indicated that they mistakenly 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 societies intend to re-survey with the 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. The specialty societies intend to submit this to the Research Subcommittee for approval prior to survey. CPT codes 61645, 61650 and 61651 were surveyed with a similar 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 requests that the specialty societies survey all three codes for the January 2016 RUC meeting.**

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CPT Code • New ▲ Revision D Deletion, (e) Editorial (f) Code Family	Track-ing Number	CPT Descriptor	Global Period	Work RVU Recommendation
61640(f)	W1	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	000	Survey for January 2016 RUC Meeting
+61641(f)	W2	each additional vessel in same vascular family (List separately in addition to code for primary procedure)	ZZZ	Survey for January 2016 RUC Meeting
+61642(f)	W3	each additional vessel in different vascular family (List separately in addition to code for primary procedure) (Use 61641 and 61642 in conjunction with 61640) (61640, 61641, 61642 include all selective vascular catheterization of the target vessel, contrast injection[s], vessel measurement, roadmapping, post dilatation angiography, and fluoroscopic guidance for the balloon dilatation) (Do not report 61640, 61642 in conjunction with 61650 or 61651 for the same vascular territory) (For definition of vascular territory see the Nervous System Endovascular Therapy guidelines)	ZZZ	Survey for January 2016 RUC Meeting
Codes 61645, 61650, 61651 describe cerebral endovascular therapeutic interventions in any intracranial artery. They include selective catheterization, diagnostic angiography, and all subsequent angiography including associated radiological supervision and interpretation within the treated vascular territory, fluoroscopic guidance, neurologic and hemodynamic monitoring of the patient, and closure of the arteriotomy by manual pressure, an arterial closure device, or suture.				

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For purposes of reporting services described by 61645, 61650, 61651, the intracranial arteries are divided into three vascular territories: 1) right carotid circulation; 2) left carotid circulation; 3) vertebro-basilar circulation. Code 61645 may be reported once for each intracranial vascular territory treated. Code 61650 is reported once for the first intracranial vascular territory treated with intra-arterial prolonged administration of pharmacologic agent(s). If additional intracranial vascular territory(ies) is also treated with intra-arterial prolonged administration of pharmacologic agent(s) during the same session, the treatment of each additional vascular territory(ies) is reported using 61651 (may be reported maximally two times per day).

Code 61645 describes endovascular revascularization of thrombotic/embolic occlusion of intracranial arterial vessel(s) via any method, including mechanical thrombectomy (eg, mechanical retrieval device, aspiration catheter) and/or the administration of any agent(s) for the purpose of revascularization, such as thrombolytics or IIB/IIIA inhibitors.

Codes 61650, 61651 describe the cerebral endovascular continuous or intermittent therapeutic prolonged administration of any non-thrombolytic agent(s) (eg, spasmolytics or chemotherapy) into an artery to treat non-iatrogenic central nervous system diseases or sequelae thereof. These codes should not be used to report administration of agents (eg, heparin, nitroglycerin, saline) usually administered during endovascular interventions. These codes are used for prolonged administrations, ie, of at least 10 minutes continuous or intermittent duration.

Do not report 61645, 61650, or 61651 in conjunction with 36221, 36226, 36228, 37184, or 37186 for the treated vascular territory. Do not report 61645 in conjunction with 61650 or 61651 for the same vascular distribution. Diagnostic angiography of a non-treated vascular territory may be reported separately. For example, angiography of the left carotid and/or the vertebral circulations may be reported if the intervention is performed in the right carotid circulation.

●61645	W4	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) (Do not report 61645 in conjunction with 36221, 36222, 36223, 36224, 36225, 36226, 37184, 61630, 61635, 61650, 61651 for the same vascular territory) (To report venous mechanical thrombectomy and/or thrombolysis, see 37187, 37188, 37212, 37214)	000	17.00 (April 2015 RUC Recommendation)

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●61650	W5	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	000	12.00 (April 2015 RUC Recommendation)
+●61651	W6	each additional vascular territory (List separately in addition to the primary code) (Use 61651 in conjunction with 61650) (Do not report 61650 or 61651 in conjunction with 36221, 36222, 36223, 36224, 36225, 36226, 61640, 61641, 61642, 61645 for the same vascular territory) (Do not report 61650 or 61651 in conjunction with 96420, 96422, 96423, 96425 for the same vascular territory)	ZZZ	5.50 (April 2015 RUC Recommendation)
D75896(f)	W7	~~Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation~~ (75896 has been deleted. For radiological supervision and interpretation for thrombolysis other than coronary, see 37211, 37212, 37213, 37214. For radiological supervision and interpretation for intracranial arterial administration of pharmacological agent(s) other than for thrombolysis, see 6164X2, 6164X3) ~~(For radiological supervision and interpretation for thrombolysis other than coronary, see 37211-37214)~~ ~~(Do not report 75896 in conjunction with 37211-37214)~~ ~~(For infusion for coronary disease, see 92975, 92977)~~ ~~(Do not report 75896 in conjunction with 37211-37214, 6164X2,~~	XXX	N/A

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		~~6164X3)~~		
75898(f)	W8	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis (For thrombolysis infusion management other than coronary, see 37211-37214, 61645) (For non-thrombolysis infusion management other than coronary, see 61650, 61651) (Do not report 75898 in conjunction with 37211-37214, 37241-37244, 61645, 61650, 61651) ~~(75900 has been deleted. For exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation, see 37211-37214).~~	XXX	Referred to CPT

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September 8, 2015

Peter K. Smith, MD, Chair
AMA/RUC
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 5: Re-survey for CPT Code 61640

Dear Dr. Smith,

On behalf of the American Association of Neurological Surgeons (AANS), the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), the Congress of Neurological Surgeons (CNS), and the Society of Interventional Radiology, we would like to ask that the RUC delay review of code 61640 until the January 2016 RUC meeting in order for the presenting societies to request approval from the Research Subcommittee to use a modified 0-day global survey. We have provided survey data for 61641 and 61642 and are not asking to resurvey those codes. The background and rationale is below.

Background

In February 2008, the RUC 5-Year-Review Identification Workgroup identified several endovascular revascularization procedures as potentially misvalued via a high volume growth screen. In February 2015, after several years of coding changes that bundled many sets of codes, the CPT Editorial Panel approved three new codes to report intracranial 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 this family of new services. The specialty societies indicated that balloon dilatation of intracranial vasospasm (61640-61642) is not part of the family of new services. Although 61640-61642 are of the same anatomic distribution, the intervention is different. Additionally, codes 61640-61642 are non-covered services for Medicare. The specialty societies indicated that it would be very confusing for survey respondents to value the variable coding techniques for both sets of services. The RUC determined that although codes 61640-61642 may present difficulties in conducting a survey, and independent of the fact that they are non-covered services, it has been nearly 10 years since the last RUC review and they should be surveyed for October 2015.

Survey Process
The AANS/CNS, SIR, ASNR, and ACR conducted a survey. The survey was sent to a random sample from each society's membership database. The survey summary data is presented in this SoR.

Recommendation
Subsequent to completing the survey for 61640, while reviewing the survey data, the specialties noted that the wrong survey instrument was used. These patients will return to the ICU after the procedure and we believe that additional E/M work at the bedside and in the ICU later the same day will be necessary to assess 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. Therefore, we should have requested approval from the Research Subcommittee to use the modified 0-day global survey that asks site of service and same day E/M questions to determine typical work on the day of the procedure. Although

we considered recommending the addition of an E/M inpatient service to the current survey data based on expert panel consensus, this would not be consistent with the RUC survey instrument question that asks survey respondents to estimate a work RVU based on review of all questions in the survey (ie, we could not be certain that the work RVU estimate included further work on the day of the procedure).

We therefore are asking the RUC to delay review of code 61640 until the January 2016 RUC meeting. If the RUC agrees to this, we will request approval from the Research Subcommittee to use a modified 0-day global survey as described above and resurvey.

Thank you for your consideration of our request.

Sincerely,

Alexander Mason, MD
CNS RUC Advisor

John Ratliff, MD
AANS RUC Advisor

Ezequiel Silva III, MD
ACR RUC Advisor

Gregory Nicola, MD
ASNR RUC Advisor

Gerald Niedwiecki, MD
SIR RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

October 2015

Anterior Segment Imaging

CPT code 92132 was identified through the New Technology/New Services List in April 2010. In January 2015, the Relativity Assessment Workgroup requested that the specialty society submit an action plan to explain what is driving the utilization and whether other measures may be needed, such as a CPT Assistant article. The Workgroup reviewed the action plan submitted by the specialty society and noted that the utilization has grown rapidly. The RUC recommended that CPT code 92132 be surveyed for October 2015 and 92133 and 92134 were added as part of this family of services.

92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
The RUC reviewed the survey results from 63 physicians and determined that the survey 25th percentile work RVU of 0.30, lower than the current work RVU, appropriately accounts for the work required to perform this service. The specialty societies decreased the pre-service time from the survey respondent's time as this service is typically reported with an Evaluation and Management service. The RUC further decreased the pre-service evaluation time to 1 minute in order for the physician to review the patient record, reasons for the test and display previous images. The RUC noted that the interpretation and report are included in the intra-service time any immediate post-service time is already captured in the Evaluation and Management service. The RUC recommends 1 minute pre-service evaluation time and 8 minutes intra-service time. The intra-service time includes reviewing multiple 360 degree cross-section images in one area of the anterior segment of the eye.

The RUC compared CPT code 92132 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 of 0.50 and intra-service time of 10 minutes) and 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (work RVU = 0.35 and intra-service time of 12 minutes) and noted that the surveyed service requires less physician work and time and is appropriately valued compared to these services. For additional support the RUC referenced similar MPC services 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29) and 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU = 0.32). **The RUC recommends a work RVU of 0.30 for CPT code 92132.**

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92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

The RUC reviewed the survey results from 81 physicians and determined that the survey 25th percentile work RVU of 0.40, lower than the current work RVU, appropriately accounts for the work required to perform this service. The specialty societies decreased the pre-service time from the survey respondent's time as this service is typically reported with an Evaluation and Management service. The RUC further decreased the pre-service evaluation time to 1 minute in order for the physician to review the patient record, reasons for the test and display previous images. The RUC noted that the interpretation and report are included in the intra-service time any immediate post-service time is already captured in the Evaluation and Management service. The RUC recommends 1 minute pre-service evaluation time and 10 minutes intra-service time. The RUC compared 92133 to 92132 and agreed that the physician work, time, intensity and complexity are slightly more for 92133. CPT code 92133 requires an increased intensity and number of images to review when examining the optic nerve. The physician considers the more dire consequences to the patient in detecting irreversible damage to the optic nerve and reviews approximately 12 images total of 12 quadrants of the optic nerve for the current images compared to the previous images.

The RUC compared CPT code 92133 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 of 0.50 and intra-service time of 10 minutes) and 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (work RVU = 0.35 and intra-service time of 12 minutes) and noted that the surveyed service requires similar physician work and time and is appropriately valued compared to these services. For additional support the RUC referenced similar MPC services 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels, or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)* (work RVU = 0.45) and 72114 *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (work RVU = 0.32). **The RUC recommends a work RVU of 0.40 for CPT code 92133.**

92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

The RUC reviewed the survey results from 89 physicians and determined that the survey 25th percentile work RVU of 0.45, lower than the current work RVU, appropriately accounts for the work required to perform this service. The specialty societies decreased the pre-service time from the survey respondent's time as this service is typically reported with an Evaluation and Management service. The RUC further decreased the pre-service evaluation time to 1 minute in order for the physician to review the patient record, reasons for the test and display previous images. The RUC noted that the interpretation and report are included in the intra-service time any immediate post-service time is already captured in the Evaluation and Management service. The RUC recommends 1 minute pre-service evaluation time and 10 minutes intra-service time. The RUC compared 92134 to 92133 and agreed that the physician work, intensity and complexity are slightly more for 92134. CPT code 92134 requires an increased intensity and complexity due to retinal degeneration. The physician reviews more comparisons and is looking at subjective changes in

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the anatomy for CPT code 92134. The physician's assessment of the images is used to determine whether to provide an intravitreal injection and the consequences are much more immediate in terms of loss of vision for the patient.

The RUC compared CPT code 92134 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 of 0.50 and intra-service time of 10 minutes) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.97 and intra-service time of 15 minutes) and noted that the surveyed service requires less physician work and time and is appropriately valued compared to these services. For additional support the RUC referenced similar MPC services 99281 *Emergency department visit for the evaluation and management of a patient*, (work RVU = 0.45) and 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.48). **The RUC recommends a work RVU of 0.45 for CPT code 92134.**

Practice Expense
The Practice Expense Subcommittee made a minor modification reducing the intra-service time and equipment time by one minute. There was confusion about whether these services, and other diagnostic services, are typically performed in an ophthalmology screening lane. Rather than create an anomaly among ophthalmology services, the Subcommittee maintained the *lane, screening (oph)* (EL006) and will examine this issue further. **The RUC recommends the direct practice expense inputs as modified by the PE 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
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	XXX	0.30
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	XXX	0.40

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92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	XXX	0.45

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92132 Tracking Number Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX RUC Recommended RVU: **0.30**

CPT Descriptor: Scanning computerized ophthalmic diagnositc imaging, anterior segment, with interpretation and report, unilateral or bilateral.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male complains of inability to read small print clearly. The patient had temporal narrowing of the anterior chamber angle in the left eye. Imaging is ordered to evalute the risk of angle closure.

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? 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 records and reason for test. Display the images.

Description of Intra-Service Work: Evaluate the quality of the study and then interpret the findings. If the current study is a follow-up, provide an evaluation of interval change. Prepare analysis and report and send to the referring physician.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Steven Kamenetzky M.D, David Glasser, M.D, Charlie Fitzpatrick, O.D.		
Specialty(s):	Ophthalmology		
CPT Code:	92132		
Sample Size:	2026	**Resp N:** 63	**Response:** 3.1 %
Description of Sample:	A random sample of members were pulled from the AAO, ASCRS, AGS and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.50	**10.00**	30.00	600.00
Survey RVW:	0.04	0.30	**0.40**	0.53	1.15
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	**8.00**	10.00	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)

XXX Global Code

CPT Code:	92132	**Recommended Physician Work RVU: 0.30**		
		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:		**8.00**		

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
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
92025	XXX	0.35	**RUC Time**

CPT Descriptor Computerized corneal topography, unilateral or bilateral, 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
92568	XXX	0.29	**RUC Time**	12,521

CPT Descriptor 1 Acoustic reflex testing, threshold

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	90,732

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

Other Reference CPT Code	Global	Work RVU	Time Source
77085	XXX	0.30	**RUC Time**

CPT Descriptor Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment.

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:** 36.5 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 26.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 92132	Top Key Reference CPT Code: 92083	2nd Key Reference CPT Code: **92025**
Median Pre-Service Time	1.00	3.00	5.00
Median Intra-Service Time	8.00	10.00	12.00
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	**9.00**	**13.00**	**17.00**
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	-0.18
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.13	0.12
Urgency of medical decision making	0.26	0.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.57	0.47

Physical effort required	0.09	0.12
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.30	0.65
Outcome depends on the skill and judgment of physician	0.26	0.47
Estimated risk of malpractice suit with poor outcome	0.39	0.71

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.35	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.

CPT 92132 was identified for survey based on the new technology screen and greater than anticipated volume. The code describes imaging of the anterior segment with optical coherence tomography (OCT). Anterior segment OCT is used to precisely measure and longitudinally follow anterior chamber depth in narrow angle glaucoma as well as iris and angle lesions. **(Note: the work descriptor was revised, as it erroneously included image acquisition as part of both pre- and intra-work as well as clinical staff work.)**

A random survey of AAO, AGS, ASCRS and AOA members had 63 respondents, 83% of who found the vignette typical. The median WRVU was 0.40 and the 25th percentile was 0.30. Median IST was 8 minutes. The current value of the code is 0.35. The primary reference service, chosen by 37%, was CPT 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)* (RUC April 2012) with a WRVU of 0.50. The secondary reference service, chosen by 27%, was CPT 92025, *Computerized corneal topography, unilateral or bilateral, with interpretation and report* (RUC February 2006) with a WRVU of 0.35. The intensity and complexity metrics for the surveyed code were similar to those of both reference codes.

The expert panel of the AAO and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST was 8 minutes; the current value is 10 minutes. We reduced the pre-evaluation time from the survey median of 5 minutes to 3 minutes and eliminated the survey post-time as the procedure is typically done with an office visit.. **We recommend the survey 25th percentile value of 0.30 WRVU.**

This value is supported by MPC code 92568, *Acoustic reflex testing, threshold* (RUC April 2009) with 0.29 WRVU, an IST of 8 minutes, and total time of 10 minutes, and by MPC code 72114, *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (RUC February 2011), with 0.32 WRVU, an IST of 5 minutes and total time of 8 minutes. It is also supported by MPC code 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)* (RUC April 2010) with 0.30 WRVU, an IST of 7 minutes, and total time of 10 minutes, CPT 77085, *Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment* (RUC October 2013), with 0.30 WRVU, an IST of 8 minutes, and total time of 14

minutes and by CPT 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (RUC January 2013), with 0.28 WRVU, an IST of 7 minutes, 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.
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? Sometimes

Specialty Optometry How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 88,500
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 59109 Percentage 66.78 %

Specialty Optometry Frequency 29360 Percentage 33.17 %

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? 39,327 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 26265 Percentage 66.78 %

Specialty Optometry Frequency 13045 Percentage 33.17 %

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 92132

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:92133 Tracking Number Original Specialty Recommended RVU: **0.40**
Presented Recommended RVU: **0.40**
Global Period: XXX RUC Recommended RVU: **0.40**

CPT Descriptor: Scanning computerized ophthalmic diagnostic imaging, posterior sengment, with interpretation and report, unilateral or bilateral; optic nerve.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presents with elevated levels of IOP in both eyes. Visual-field examinations revealed no evidence of visual-field loss attributable to glaucoma. Examination of the nerve fiber layer by optical coherence tomography in both eyes is indicated to look for evidence of retinal nerve fiber layer-damage consistent with glaucoma.

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: Review patient records and reason for test. Display the images.

Description of Intra-Service Work: Evaluate the quality of the study and then interpret the findings. Review existing data and images if needed to provide an evaluation of interval change. Prepare analysis and report and send to the referring physician.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Steve Kamenetzky, M.D, David Glasser, M.D, Charlie Fitzpatrick, O.D,		
Specialty(s):	Ophthalmology and Optometry		
CPT Code:	92133		
Sample Size:	2030	**Resp N:** 81	**Response:** 3.9 %
Description of Sample:	A random sample of members were pulled from the AAO, ASCRS, AGS and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**149.00**	400.00	1500.00
Survey RVW:	0.05	0.40	**0.50**	0.60	1.00
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**	10.00	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)

XXX Global Code

CPT Code:	92133	**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:	**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
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
92025	XXX	0.35	**RUC Time**

CPT Descriptor Computerized corneal topography, unilateral or bilateral, 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
93923	XXX	0.45	**RUC Time**	514,997

CPT Descriptor 1 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels, or single level study with provocative functional maneuvers.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	90,732

CPT Descriptor 2 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

Other Reference CPT Code	Global	Work RVU	Time Source
92286	XXX	0.40	**RUC Time**

CPT Descriptor Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis

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:** 54.3 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 92133	Top Key Reference CPT Code: 92083	2nd Key Reference CPT Code: **92025**
Median Pre-Service Time	1.00	3.00	5.00
Median Intra-Service Time	10.00	10.00	12.00
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	**11.00**	**13.00**	**17.00**
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	0.25	0.46
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	1.00
Urgency of medical decision making	0.16	0.77
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.39	0.31

Physical effort required	-0.11	0.08
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.16	0.77
Outcome depends on the skill and judgment of physician	0.30	0.54
Estimated risk of malpractice suit with poor outcome	0.30	0.69

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.39	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.

CPT 92133 is part of a family of codes including CPTs 92132 and 92134. CPT 92132 was identified for survey based on the new technology screen and greater than anticipated volume. CPT 92133 describes imaging of the optic nerve with optical coherence tomography (OCT) for management of glaucoma and other optic nerve diseases. (Note: the work descriptor was revised, as it erroneously included image acquisition as part of both pre- and intra-work as well as clinical staff work.)

A random survey of AAO, AGS, ASCRS and AOA members had 81 respondents, 90% 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 0.50. The primary reference service, chosen by 54%, was CPT 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)* (RUC April 2012) with a WRVU of 0.50. The intensity and complexity metrics for the surveyed code were similar to those of the reference code.

The expert panel of the AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings with the other groups. The median survey IST of 10 minutes was unchanged from the current value. We reduced the pre-evaluation time from the survey median of 5 minutes to 3 minutes and eliminated the survey post-time as the procedure is typically done with an office visit. **We recommend the survey 25th percentile value of 0.40 WRVU.**

This value is supported by MPC code 72114, *Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views* (RUC February 2011), with 0.32 WRVU, an IST of 5 minutes and total time of 8 minutes, MPC code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries…* (RUC April 2010) with 0.45 WRVU, an IST of 10 minutes, and total time of 16 minutes, and MPC code 99281, *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components* (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 92286, *Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis)* (RUC April 2012) with 0.40 WRVU, an IST of 10 minutes, and total time of 15 minutes and CPT 92541, *Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording* (RUC April 2014) with 0.40 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 E/M code

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 <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? 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? 4500000
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 3420000 Percentage 76.00 %

Specialty Optometry Frequency 1050300 Percentage 23.34 %

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? 2,361,888 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 1795100 Percentage 76.00 %

Specialty Optometry Frequency 551000 Percentage 23.32 %

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:
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 92133

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:92134 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old male with exudative age-related macular degeneration with recent history of an instravitreal drug injection. Optical coherence tomography is indicated to evaluate subretinal fluid thickness and intraretinal edema in one eye.

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? 0%

Description of Pre-Service Work: Review patient records and reason for test. Display the images.

Description of Intra-Service Work: Evaluate the quality of the study and then interpret the findings. Review existing data and images if needed to provide an evaluation of interval change. Prepare analysis and report and send to the referring physician.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Steve Kamenetzky, M.D, David Glasser, M.D, Charlie Fitzpatrick, O.D		
Specialty(s):	Ophthalmology and Optometry		
CPT Code:	92134		
Sample Size:	1673	**Resp N:** 89	**Response:** 5.3 %
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	100.00	**500.00**	1923.00	8000.00
Survey RVW:	0.05	0.45	**0.60**	0.80	1.52
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:	**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:	92134	**Recommended Physician Work RVU: 0.45**		
		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:	**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
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
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
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
99212	XXX	0.48	**RUC Time**	15,660,174

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 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.

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 (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: 34 **% of respondents:** 38.2 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 92134	**Top Key Reference CPT Code:** 92083	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	1.00	3.00	3.00
Median Intra-Service Time	10.00	10.00	15.00
Median Immediate Post-service Time	0.00	0.00	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	**11.00**	**13.00**	**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	0.91	0.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.94	0.44
Urgency of medical decision making	1.15	0.94
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.56	0.75
Physical effort required	0.06	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.97	0.56
Outcome depends on the skill and judgment of physician	0.94	0.69
Estimated risk of malpractice suit with poor outcome	1.03	0.75

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.00	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.

CPT 92134 is part of a family of codes including CPTs 92132 and 92133. CPT 92132 was identified for survey based on the new technology screen and greater than anticipated volume. CPT 92134 describes imaging of the retina with optical coherence tomography (OCT) for evaluation of macular disease. (Note: the work descriptor was revised, as it erroneously included image acquisition as part of both pre- and intra-work as well as clinical staff work.)

A random survey of AAO, ASRS and AOA members had 89 respondents, 96% of whom found the vignette typical. The median WRVU was 0.60 and the 25th percentile was 0.45. Median IST was 10 minutes. The current value of the code is 0.50. The primary reference service chosen was CPT 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)* (RUC April 2012) with a WRVU of 0.50. The intensity and complexity metrics for the surveyed code were slightly higher than those of the reference code.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings with the other groups. The median survey IST of 10 minutes was unchanged from the current value. We reduced the pre-evaluation time from the survey median of 5 minutes to 3 minutes and eliminated the survey post-time as the procedure is typically done with an office visit. Although the IST and total times are identical to CPT 92133, the quantity and complexity of the data and images to be evaluated with CPT 92134 is greater. **We recommend the survey 25th percentile value of 0.45 WRVU.**

This value is supported by MPC code 99281, *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components…* (RUC September 2005) with 0.45 WRVU, an IST of 7 minutes, and total time of 13 minutes and MPC code 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…* (RUC February 2006), with 0.48 WRVU, an IST of 10 minutes and a total time of 16 minutes. It is also supported by MPC code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries…* (RUC April 2010) with 0.45 WRVU, an IST of 10 minutes, and total time of 16 minutes, MPC code 92250, *Fundus photography with interpretation and report* (RUC August 2005), with 0.44 WRVU, an IST of 9 minutes, and total time of 14 minutes and CPT 88314, *Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)* (RUC February 2011), with 0.45 WRVU and IST and total times 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 E/M code

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

	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.							
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 Ophthalomology 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? 9830100
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 8945391 Percentage 91.00 %

Specialty Optometry Frequency 884709 Percentage 9.00 %

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? 5,433,437 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 4944428 Percentage 91.00 %

Specialty Optometry Frequency 489009 Percentage 8.99 %

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:
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 92134

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: 92132 Anterior Segment Imaging
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
REF	92083	Visual field exam	116	0.043			0.50			13	3					10			
CURRENT	92132	SCODI, anterior		0.028			0.35			13	3					10			
SVY	92132	SCODI, anterior	63	0.022	0.04	0.30	0.40	0.53	1.15	18	5			0	5	8	10	30	5
REC	92132	SCODI, anterior		0.035			0.30			11	1					8			

ISSUE: 92133 Optic Nerve Imaging
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
REF	92083	Visual field exam	116	0.043			0.50			13	3					10			
CURRENT	92133	SCODI, optic nerve		0.043			0.50			13	2	1				10			
SVY	92133	SCODI, optic nerve	81	0.028	0.05	0.40	0.50	0.60	1.00	20	5			0	5	10	10	40	5
REC	92133	SCODI, optic nerve		0.038			0.40			13	1					10			

ISSUE: 92134 Retina Imaging
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
REF	92083	Visual field exam	116	0.043			0.50			13	3					10			
CURRENT	92134	SCODI, retina		0.034			0.50			17	7					10			
SVY	92134	SCODI, retina	89	0.038	0.05	0.45	0.60	0.80	1.52	20	5			0	5	10	12	45	5
REC	92134	SCODI, retina		0.043			0.45			13	1					10			

Tab 15
Tab Number

Anterior Segment Imaging
Issue

92132-92134
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

September 4, 2015
Date

15
Tab Number

Anterior Segment Imaging
Issue

92132-92134
Code Range

Attestation Statement

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Steve Kamentsky
Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

September 4, 2015
Date

15
Tab Number

ANTERIOR SEGMENT IMAGING CODES
Issue

92132 - 92134
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 SHIREY, O.D.
Printed Signature

AMERICAN OPTOMETRIC ASSOCIATION
Specialty Society

9/8/2015
Date

15
Tab Number

ANT SEG IMAGING
Issue

92132-92134
Code Range

Attestation Statement

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Signature

CHARLES FITZPATRICK, O
Printed Signature

AOA (OPTOMETRY)
Specialty Society

9-8-2015
Date

15
Tab Number

OCT of posterior segment
Issue

92134
Code Range

Attestation Statement

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_ _____
Signature

_John T. Thompson_____
Printed Signature

_ASRS_____
Specialty Society

_9/8/2015_____
Date

CPT Code: 92132
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

Global Period: XXX Meeting Date: 10/ 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:

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:

Provide pre-service education/obtain consent: 2 min

Intra-Service Clinical Labor Activities:

Assist physician in performing procedure: 13 min

Post-Service Clinical Labor Activities:

N/A

CPT Code: 92132
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

Global Period: XXX Meeting Date: 10/ 2015

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Intra-Service Clinical Labor Activities:

Assist physician in performing procedure: 13 min

Post-Service Clinical Labor Activities:

N/A

CPT Code: 92133
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

Global Period: XXX Meeting Date: 10/ 2015

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Intra-Service Clinical Labor Activities:

Assist physician performing procedure: 13 min

Post-Service Clinical Labor Activities:

N/A

CPT Code: 92133
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

Global Period: XXX Meeting Date: 10/ 2015

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Assist physician performing procedure: 13 min

Post-Service Clinical Labor Activities:

N/A

CPT Code: 92134
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Non Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Global Period: XXX Meeting Date: 10/ 2015

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Assist physician in performing procedure: 13 min

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CPT Code: 92134
Specialty Society(‘s): The American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
XXX Global Period
Facility Direct Inputs

CPT Long Descriptor:

Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Global Period:_XXX_ Meeting Date: _10/ 2015___

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5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Provide pre-service education/obtain consent: 2 min

Intra-Service Clinical Labor Activities:

Assist physician in performing procedure: 13 min

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.**			**92132**		**92132**	
3	**Meeting Date: Oct. 2015** **Tab: 15** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Scanning compuerized ophthalmic diagnostic imaging, anterior segment, with interpretation and		Scanning compuerized ophthalmic diagnostic imaging, anterior segment, with interpretation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**N/A**	**XXX**	**N/A**
6	**TOTAL CLINICAL LABOR TIME**	L038A	COMT/COT/F	**15.0**	**0.0**	**14.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L038A	COMT/COT/F	**2.0**	**0.0**	**2.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L038A	COMT/COT/F	**13.0**	**0.0**	**12.0**	**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	L038A	COMT/COT/F	**2**		**2**	
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						
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	perform procedure	L038A	COMT/COT/F	**13**		**12**	
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.**			**92132**		**92132**	
3	**Meeting Date: Oct. 2015** **Tab: 15** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Scanning compuerized ophthalmic diagnostic imaging, anterior segment, with interpretation and		Scanning compuerized ophthalmic diagnostic imaging, anterior segment, with interpretation and	
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	No supplies	SX007	item				
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	lane, screening (oph)	EL006		**13**		**12**	
67	tomographic device, optical coherence (OCT)	EQ237		**13**		**12**	
68							
69							
70							

	A	B	C	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.**			**92133**		**92133**	
3	**Meeting Date: Oct. 2015** **Tab: 15** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and		Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**N/A**	**XXX**	**N/A**
6	**TOTAL CLINICAL LABOR TIME**	L038A	COMT/COT/F	**15.0**	**0.0**	**14.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L038A	COMT/COT/F	**2.0**	**0.0**	**2.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L038A	COMT/COT/F	**13.0**	**0.0**	**12.0**	**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	L038A	COMT/COT/F	**2**		**2**	
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						
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	perform procedure	L038A	COMT/COT/F	**13**		**12**	
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	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.**			**92133**		**92133**	
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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	No supplies	SX007	item				
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	lane, screening (oph)	EL006		**13**		**12**	
67	tomographic device, optical coherence (OCT)	EQ237		**13**		**12**	
68							
69							
70							

	A	B	C	L	M	N	O
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.**			**92134**		**92134**	
3	**Meeting Date: Oct. 2015** **Tab: 15** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and		Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**N/A**	**XXX**	**N/A**
6	**TOTAL CLINICAL LABOR TIME**	L038A	COMT/COT/F	**15.0**	**0.0**	**14.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L038A	COMT/COT/F	**2.0**	**0.0**	**2.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L038A	COMT/COT/F	**13.0**	**0.0**	**12.0**	**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	L038A	COMT/COT/F	**2**		**2**	
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						
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	perform procedure	L038A	COMT/COT/F	**13**		**12**	
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	L	M	N	O
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.**			**92134**		**92134**	
3	**Meeting Date: Oct. 2015** **Tab: 15** **Specialty: Ophthalmology**	**CMS Code**	**Staff Type**	Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and		Scanning compuerized ophthalmic diagnostic imaging, posterior segment, with interpretation and	
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	No supplies	SX007	item				
60							
61							
62							
63							
64							
65	**EQUIPMENT**	**CODE**					
66	lane, screening (oph)	EL006		**13**		**12**	
67	tomographic device, optical coherence (OCT)	EQ237		**13**		**12**	
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request – Final Rule for 2014 and Proposed Rule for 2015

October 2015

Prostate Biopsy

For CY 2014, CMS modified the code descriptors of G0416 through G0419 so that these codes could be used for any method of prostate needle biopsy services, rather than only for prostate saturation biopsies. Subsequently, CMS discussed prostate biopsies with stakeholders, and reviewed medical literature and Medicare claims data in considering how best to code and value prostate biopsy pathology services. In considering these discussions and review, CMS had become aware that the current coding structure may be confusing, especially since the number of specimens associated with prostate biopsies is relatively homogenous. For example, G0416 (10-20 specimens) represented the overwhelming majority of all Medicare claims submitted for the four G-codes. Therefore, in the interest of both establishing straightforward coding and maintaining accurate payment, CMS believed it would be appropriate to use only one code to report prostate biopsy pathology services. Therefore, CMS proposed to revise the descriptor for G0416 to define the service regardless of the number of specimens, and to delete codes G0417, G0418, and G0419. CMS proposed G0416 as a potentially misvalued code for CY 2015. In September 2014, the RUC recommended that this service be surveyed for work and to review direct practice expense inputs at the April 2015 meeting.

The specialties presented the survey results at the April 2015 RUC meeting. The specialties argued that the survey results were invalid for a number of reasons. First, it is clear to the specialties that the survey respondents did not understand the service being provided. The respondents indicated confusion over the physician work and time required. Second, the survey respondents' comparisons of the surveyed service to the reference services led to a large variability and heterogeneity in survey results. Many of the survey respondents infrequently performed or did not perform their chosen reference service. The specialties determined and the RUC agreed that the work survey results were flawed and provided invalid estimates of physician work and time.

The RUC discussed the CMS imputed work value and determined that it likely undervalues the work of this service. An alternative approach that has been used in the past on occasion, when reliable survey data is impossible to obtain, is the recommendation of an expert panel. The RUC proposed this method and the specialty agreed that they would form an expert panel to determine the work value of this service. The RUC recommended to maintain the current work value of 3.09 as interim and recommended that the specialties convene an expert panel to determine an appropriate work RVU for CPT code G0416 to be presented to the RUC at the October 2015 RUC meeting.

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Background

In CY 2009, CMS first implemented a set of four G codes for the surgical pathology of prostate saturation biopsy services. The number of specimens distinguished the codes: 1-20 for G0416, 21-40 for G0417, 41-60 for G0418, and 60+ for G0419. These G codes were developed to address CMS' concern about the large number of CPT code 88305 claims that would be reported. Over the past 4 years, the definitions for all four G codes changed four separate times without corresponding changes in the code number, creating confusion in the marketplace. During this time the RUC and the pathology specialty societies have maintained that the most accurate way to report prostate biopsy examinations is to utilize 88305 and allow the reporting of multiple units.

For CY 2014, CMS modified the code descriptors of G0416 through G0419 so that these codes could be used for any method of prostate needle biopsy services, rather than only for prostate saturation biopsies. Subsequently, CMS discussed prostate biopsies with stakeholders, and reviewed medical literature and Medicare claims data in considering how best to code and value prostate biopsy pathology services. In considering these discussions and review, CMS expressed concern, at the time, that the existing coding structure may have been confusing, especially since the number of specimens associated with prostate biopsies had been relatively homogenous. For example, G0416 (10-20 specimens) represented the overwhelming majority of all Medicare claims submitted for the four G-codes. Consequently, CMS believed it would be appropriate to use only one code to report prostate biopsy pathology services and proposed to revise the descriptor for G0416 to define the service regardless of the number of specimens, and to delete codes G0417, G0418, and G0419. In September 2014, the RUC recommended that this service be surveyed for work and a review of the direct practice expense inputs for the April 2015 meeting.

Originally G0416 was created for the saturation technique only, then it was applied to all prostate biopsy techniques, and now it applies to all prostate biopsy specimens whether it is 1 needle core or 100. This new definition was implemented for January 1, 2015 and has only been in effect for 3 months prior to the survey being conducted. For CY 2015, CPT code G0416 had a physician work value of 3.09. This value and the practice expense inputs had not changed since the code was created in 2009, however in the interim the 88305 technical component was revalued and the professional component reaffirmed. The revised direct practice expense inputs of 88305 had never been accounted for in the value of G0416. The specialty stated their belief that the primary concern of CMS is related to the practice expense component of this code. The practice expense was reviewed at the April 2015 meeting and an approximate 55% reduction in the direct PE inputs was approved by the PE Subcommittee.

Compelling Evidence

There are a number of compelling evidence arguments for a physician work RVU greater than 3.09 for code G0416. The primary reason is evidence that incorrect assumptions were made in the previous valuation of the service. For CY 2009, CMS stated that the initial four services were valued based on the "work and PE values of 15 percent of samples requiring" the level of expertise of CPT code 88305. "The remaining 85 percent of the samples" were stated to "require confirmation of prostate tissue and interpretation indicating the presence of cancer or not since the

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diagnosis had been identified in the 15 percent of samples." CMS "assigned the work and PE of 88304 to this group of samples." CMS' valuation methodology yielded a work RVU of 3.09 with 182 minutes for G0416.

There is no basis for the statement "the remaining 85 percent of the samples require confirmation of prostate tissue and interpretation indicating the presence of cancer or not since the diagnosis had been identified in the 15 percent of samples." Each prostate biopsy core needs to be individually evaluated for cancer and, if present, the size and Gleason grade of the cancer must also be determined. This information is then required in the report and is used by the urologist and other physicians in determining patient management and therapeutic options, including whether active surveillance is a patient management option. The physician work of each specimen requires similar amounts of time, intensity, and complexity as the determination of any instance of cancer or other disease process. Therefore, each sample should be valued with the same underlying CPT code, which the specialties agree should be based on CPT code 88305.

It is illogical and inappropriate to separate the samples into groups or to cross-walk any number of specimens to any service other than to 88305. Cross-walking any number of these individual services to any lower level pathology service inappropriately discounts the physician services. Therefore, CMS' use of 88304 to describe the work of evaluating and interpreting any one of the specimens bundled into G0416 undervalues the actual work that is being performed. It is clearly evident that G0416 was valued by CMS under incorrect assumptions which established a flawed methodology and undervalued the services being provided.

An additional incorrect assumption is that the original valuation applied to different code descriptions. CMS altered the descriptions of service of the prostate G codes four times over the past five years. Yet, they have maintained the physician work value and time of G0416 over the same time period. Originally, G0416 was described as the surgical pathology, gross and microscopic examination of prostate needle saturation biopsy sampling, 1-20 specimens. It then changed to 10-20 specimens, and then it changed to 10-20 using any method, and then finally changed to any method any number. The current single code (G0416) could apply to the pathologists' interpretation work of 1 biopsy or the work of 100 biopsies. This means that 3.09 RVUs would apply equally for 1 biopsy as much as for 100 biopsies. The code also now applies to saturation or non-saturation biopsies, which are inherently variations in work. The specialties agree that the current valuation of G0416 is fundamentally flawed and inaccurate based upon the frequently changing descriptor.

Another compelling evidence argument is the anomalous relationship between the code being valued and other codes. The original CPT code that accurately and specifically addresses the full work of the evaluation a single prostate biopsy specimen is 88305. CPT code 88305 has a work RVU of 0.75 and total time of 25 minutes. CMS had stated they believe the typical number of specimens evaluated for prostate biopsies was between 10 and 12, and a CAP review of Medicare's 2013 5% sample also found that 12 specimens were typical. Therefore, the typical G0416 would be valued at 9.00 work RVUs (0.75 x 12). Even using CMS' lower number (10 specimens), would value the work of G0416 at 7.50 work RVUs (0.75 x 10). Both resulting work RVUs are substantially higher than CMS' current value of 3.09, demonstrating an anomalous relationship in the physician work between G0416 and 88305.

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Similarly, the total RUC time of one 88305 is 25 minutes. If 12 specimens are typically evaluated, the physician time of G0416 would be 300 minutes (25 x 12 = 300), 5 hours of physician work. CMS assigned a time in 2009 for 10 to 20 specimens of 182 minutes.

In addition, the two other pathology services with the highest RVUs are 88309 and 88356. Both codes were recently reviewed by the RUC with work RVUs of 2.80 and total time of 90 minutes. Both of these services, although highly complex and intense, evaluate only one specimen. The typical use of G0416 is the evaluation of 12 specimens, which inherently implies that the service is undervalued at 3.09 RVUs in relation to the existing single specimen valuations of 88309 and 88356.

Recommendation

G0416 Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
The specialties developed a vignette that describes 12 site specific biopsies to be typical. This number is based on statistical analysis of the 2013 5% Medicare claims file. The specialties formed an expert panel of 16 physicians from a variety of different practice types, sizes, and locations throughout the United States. The expert panel reviewed the physician work, time, intensity, and the complexity of the typical service provided with code G0416.

The RUC reviewed the expert panel recommendation and determined that a work RVU of 4.00 appropriately accounts for the physicians work required to perform this service. The RUC recommends 120 minutes of intra-service time, with no pre or post time. The expert panel considered several services as potential cross-walks, however the recently reviewed (April 2012) physician work of CPT code 38240 *Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor* (work RVU = 4.00, total time of 120 minutes), was considered the most applicable comparison for time, intensity, and complexity to the surgical pathology examinations of prostate needle biopsy specimens. The specialties and the RUC considered a comparison to CPT code 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)* (work RVU = 5.56), but the specialty did not recommend this value as it would make the service a rank order anomaly among the surgical pathology services. The RUC also considered a comparison to CPT code 88309 *Level VI - Surgical pathology* (work RVU = 2.80, 90 minutes intra-service time only) and 88305 *Level IV - Surgical pathology* (work RVU = 0.75, 25 minutes intra-service time only), however the specialties explained that G0416 is a bundled code whereas the surgical pathology codes are valued per specimen. On a biopsy specimen the pathologist gets the history, grosses the specimen, examines under the microscope to get the diagnosis and then writes the report. The most intense part of the service is using the microscope to get the diagnosis, with a bundled specimen the pathologist gains efficiencies because they only get the history, gross the specimen and write the report one time, however they spend the majority of the time using the microscope to get diagnosis for each specimen, which again is the most intense work of the service. In order to accurately value this service the intensity must be greater than surgical pathology services 88309 and 88305 which is the basis of selecting a crosswalk to 38240 at a work value of 4.00. **The RUC recommends a work value of 4.00 for CPT code G0416.**

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Practice Expense
The RUC concurred with the specialty that the practice expense was likely the primary reason that CMS had requested for this service to be reviewed. The direct practice expense inputs are based on a crosswalk to CPT code 88305 as it was in 2009, when CPT code G0416 was developed. During this time CPT code 88305 technical component has been revalued. The refined direct PE inputs for 88305 had never been accounted for in the value of G0416. This PE recommendation is based on 12 specimens as presented as typical by the specialties and will result in approximately a 55% reduction in the direct PE inputs for this service. **The RUC reviewed and approved the direct practice expense inputs with minor revisions as submitted by the specialty society and approved by the Practice Expense Subcommittee at the April 2015 RUC meeting.**

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	XXX	4.00

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COLLEGE of AMERICAN PATHOLOGISTS

September 8, 2015

Peter Smith, MD
Chair, AMA/Specialty Society RVS Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

Dear Peter Smith, MD;

The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC), as a result of an expert panel formed at the direction of the RUC, recommend a physician work cross-walk for HCPCS code G0416 - *Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method*.

At the April 2015 RUC meeting, due to the difficulties associated surveying this service for physician work, the RUC recommended that the current work value of 3.09 for G0416, be maintained as interim and that the specialties should convene an expert panel to recommend an appropriate work RVU for CPT code G0416 to be presented at the October 2015 RUC meeting. At the same time, the RUC voted to accept the recommendation for practice expense inputs from the Practice Expense Subcommittee.

After the April 2015 RUC meeting, the CAP and the ASC formed an expert panel of 16 physicians from a variety of different practice types, sizes, and locations throughout the United States. The expert panel reviewed the physician work, time, intensity, and the complexity of the typical service provided with code G0416. The expert panel agreed that the proposed vignette for this service was typical. The expert panel considered relativity amongst several services with different global periods, physician time, complexity, intensity, and the overall physician work effort of the service to determine the appropriate relative value for this service.

Prostate cancer represents the most common non-skin cancer in men, and early detection efforts result in more than 1 million biopsies annually. The physician work of bundled service G0416 typically involves the evaluation of multiple separate and distinct individual prostate biopsy specimens. Each biopsy procedure would typically obtain 12 distinct needle cores. Each is meticulously reviewed for its unique characteristics, as the urologist requires a separate diagnosis for each of the needle cores, as well as the size and Gleason grade of the cancer for each, if present. This is necessary information because therapeutic options vary depending upon the size and grade of the cancer. Depending upon the biopsy results, active surveillance, rather than surgical or radiation therapy, is a patient management consideration in some cases. Each individual biopsy specimen is examined separately, including the examination of each biopsy specimen at multiple levels. The physician work of each biopsy core requires similar amounts of time, intensity, complexity, and overall physician work for the identification of any cancer in any biopsy core. Therefore, each sample should be valued with the same underlying CPT Code, which the CAP and the ASC have agreed should be 88305 (Work RVU = 0.75, 25 minutes intra-service, and total time). The total work RVUs would add up to 9.00 RVUs (0.75 RVUs x 12= 9.00 RVUs) for the typical 12 needle core case. In addition the total time would add up to 300 minutes (25 minutes x 12 needle

cores = 300 minutes). CMS currently values G0416 at 3.09 work RVUs and 182 minutes of work time based on a flawed calculation that has been previously presented to the RUC.

The expert panel concluded that the pathological examination of prostate biopsy specimens is unique in that it is a single (relatively) small organ which is managed (surgically or otherwise) as a whole yet is sampled in multiple locations. However, each core requires a distinct and separate pathological evaluation due to management and treatment considerations. It is typical for a pathologist to examine 12 prostate needle core biopsy specimens at a time, and the correct coding would now require a pathologist to bill one G0416 for all of the work. The expert panel concluded that the typical time for these services is typically significantly less than 300 minutes and reached a consensus opinion that 120 minutes represents the typical physician time for G0416. With the 120 minutes completely allotted to intra-service time, the proposed intra-service work proposed by the expert committee (4.00 RVU's) per unit of time for G0416 is 0.033, which is comparable to other pathology services.

The entire bundled service was considered as the expert panel developed its recommendation and researched the fee schedule for comparably relative services. The expert panel considered several services which are listed below as potential cross-walks, however the recently reviewed (April 2012) physician work of CPT code 38240 - *Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor* was considered the most applicable comparison service on the physician fee schedule for time, intensity, and complexity to the surgical pathology examinations of prostate needle biopsy specimens.

CAP and ASC believe code G0416 has similar overall physician work, time, intensity, and complexity as 38240, and in comparison have also considered the following RUC reviewed services:

- **90961** – End-stage renal disease (ESRD) related services monthly, for patients 20 years of age or older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month (MPC code, XXX global, work RVU = 4.26, total time = 113 minutes, Reviewed February 2008)
- **99345** – Home visit for evaluation and management of a new patient, which requires … 3 key components: … (MPC code, XXX global, work RVU = 4.09, total time = 120 minutes, Reviewed April 1997)
- **99223** - Initial hospital care, per day, for the evaluation and management of a patient, which requires … 3 key components: … (MPC code, XXX global, work RVU = 3.86, total time = 90 minutes, Reviewed February 2006)
- **33992** - Removal of percutaneous ventricular assist device at separate and distinct session from insertion (XXX global, work RVU = 4.00, total time = 105 minutes, Reviewed April 2012)
- **99255** - Inpatient consultation for a new or established patient, which requires … 3 key components: … (XXX global, work RVU = 4.00, total time = 105, Reviewed February 2006, Not payable by Medicare)
- **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 [000 day global, work RVU = 4.14, total time = 106 minutes, Reviewed February 2013)

The specialty societies recommend a physician work RVU of 4.00, with 120 minutes of intra-service total time, through a cross-walk of CPT code 38240 - Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor (XXX global, work RVU = 4.00, total time = 120 minutes).

COLLEGE of AMERICAN PATHOLOGISTS

Attached is a separate document that provides a history of this prostate G code as well as compelling evidence arguments. If you have any questions or concerns, please contact Todd Klemp, Director of Economic and Regulatory Affairs at (202) 354-7105 or tklemp@cap.org.

Sincerely,

Jonathan L. Myles, MD, FCAP
RUC Advisor
College of American Pathologists

cc: Edith Hambrick, MD, JD, CMS
Sherry Smith, AMA
Pam Johnson, CAP Staff
Ayanna Wooding, CAP Staff
Todd Klemp, CAP Staff

History and Compelling Evidence Arguments for the Valuation of G0416

History of Prostate G codes

For the CY 2009 physician fee schedule, CMS created a set of four G codes for the surgical pathology of prostate saturation biopsy services. The number of specimens distinguished the codes: 1-20 for G0416, 21-40 for G0417, 41-60 for G0418, and 60+ for G0419. CMS stated that patients "requiring a prostate saturation biopsy generally have 30 to 60 specimens taken" and a "pathologist would bill CPT code 88305 for evaluation of each individual specimen." At that time, the prostate G codes applied only to prostate biopsies obtained through the saturation technique rather than a traditional biopsy technique. Thus, 20 prostate biopsy specimens obtained from one Medicare patient through a saturation technique would be billed one way with the G codes, but specimens obtained through a traditional biopsy technique would be billed using multiples of 88305. For CY 2009, the codes were not valued through the regular RUC methodologies nor were they directly cross-walked from other codes. CMS stated that the four services were valued based on the "work and PE values of 15 percent of samples requiring" the level of expertise of CPT code 88305. "The remaining 85 percent of the samples" were stated to "require confirmation of prostate tissue and interpretation indicating the presence of cancer or not since the diagnosis had been identified in the 15 percent of samples." CMS "assigned the work and PE of 88304 to this group of samples." CMS' valuation methodology yielded a work RVU of 3.09 with 182 minutes for G0416.

For CY 2013, CMS changed the descriptor of G0416 so that the service encompassed 10-20 specimens rather than 1-20 specimens, "to better reflect the interaction of this service, and associated RVUs, with billing for surgical pathology." For 1-9 specimens, each unit was coded as an 88305.

In the final 2014 physician fee schedule, CMS implemented another change to HCPCS codes G0416 - G0419 and revised the descriptors by deleting the phrase "saturation biopsy sampling" and replacing it with "biopsies, any method." This substantive change in reporting the work of the surgical pathology gross and microscopic examination of prostate needle biopsies was done in final rulemaking without vetting the change through the proposed rule, which created further confusion regarding the reporting of these services. Prior to 2014, this series of HCPCS G codes was used to report biopsies received when the specimens were obtained through the saturation biopsy sampling technique only. The 2014 change required pathologists to use the prostate G codes for 10 or more prostate specimens, regardless of sampling technique. However, an 88305 was still coded for each unit of service when 9 or fewer specimens were collected.

CMS' CY 2015 final rule implemented yet another substantial change to the prostate biopsy code set by eliminating codes G0417, G0418, and G0419 (which identified services involving greater than 21 specimens), and revising the descriptor for G0416 so that the definition of the code would apply to all prostate biopsy specimens regardless of the number of specimens or technique used to obtain the biopsy. CMS stated that this will "simplify the coding and mitigate overutilization incentives." CMS believed that, since the typical number of specimens evaluated for prostate biopsies was between 10 and 12 and that codes G0417, G0418, and G0419 were used infrequently, this modification would not be "a significant change." The change <u>is</u> significant because it creates a new coding descriptor that pathologists have never encountered before, using the same code that has been given multiple different meanings in the immediate prior years. In addition, CMS identified G0416 as a potentially misvalued code for CY 2015 and sought public comment on the appropriate work RVUs, work time, and direct practice expense inputs. The CAP disagreed with the agency's conclusion that to establish "straightforward coding and maintain accurate payment", it would be appropriate to use only one G code to report prostate biopsy pathology services regardless of the number of specimens. The RUC, the CAP, and other specialties had recommended that it would be most accurate to utilize CPT code 88305 *(Level IV—surgical pathology, gross and microscopic examination)* for the reporting of prostate biopsies. Therefore, given the recent RUC review and additional granularity and scrutiny given to CPT code 88305 in the CY 2014 final rule, the CAP and the RUC have commented that the agency's stated intent to establish straightforward coding and accurate payment for these services would be best realized by continuing to utilize 88305.

After the creation of the prostate G codes in 2009, the RUC and CMS revalued CPT codes 88304 and 88305, the services which CMS used to create its cross-walk payment for the G code services. Both the CAP and the RUC urged in comments to the agency that CMS allow the use of CPT code 88305 for prostate biopsies in part because the RUC and CMS recently revalued and reaffirmed both the work and practice expense components for this service. During this review, the physician work values were reaffirmed and, in the 2013 final physician fee schedule, CMS requested additional data from the RUC prior to finalization of the interim values. As a result of the RUC review, the practice expense was adjusted significantly downward. The 2014 final physician fee schedule finalized the values for this service. None of these updates have been taken into account in the current valuation of G0416.

Results from the April 2015 RUC Meeting

In advance of the April 2015 RUC Meeting, the College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) began composing a survey that would evaluate the physician work and time components of G0416. There were a number of difficulties encountered in developing and evaluating the survey results. The definition of G0416 has changed 4 times over the past 6 years which led to confusion amongst the respondents as to what was actually being surveyed. The CAP and the ASC developed a vignette that describes 12 site specific biopsies which was based on statistical analysis of the 2013 5% Medicare claims file. The survey for G0416 marked the first time a bundled pathology code had ever been surveyed, leading to concerns about whether to include pre- and post-service time periods, which are generally not included in pathology services. G0416 is not similar to any current pathology codes since no other pathology code represents a bundled service, making comparisons to non-bundled codes difficult and hindering the creation of a valid reference service list. The current work value of G0416 was set at 3.09 by the CMS but the highest work value for any pathology code in the Medicare Physician Fee Schedule is 2.80. It was therefore impossible to construct an RSL using only pathology codes. The RUC's Research Subcommittee empathized with the issue, but determined that the specialties should move forward with a survey using an RSL that included pathology, evaluation and management, and other services believed to be recognizable to the survey respondents.

The pathology specialties conducted a random survey which resulted in 118 responses. The survey median work value was 3.90. The first key reference, chosen by only 33% of respondents, was 88356 (*Morphometric analysis; nerve*), and the second key reference service, chosen by 22%, was 17313 *(Mohs micrographic technique…*). The CAP and the ASC presented to the RUC a number of reasons why the survey results were invalid. First, it was clear to the specialties that the survey respondents did not understand the service being provided. The respondents indicated confusion over the physician work and time required, as demonstrated, for example, in the very low percentage (only 33%) of respondents that chose the key reference service. Second, the survey respondents' comparisons of the surveyed service to the reference services led to a large variability and heterogeneity in survey results. Many of the survey respondents infrequently performed or did not perform their chosen reference service.

The median performance rates of the selected reference services were zero, indicating that the respondents were not choosing a comparable service that they actually performed. Furthermore, more than half (64%) of the respondents who chose the two key reference services as their comparison had not performed the reference service at all. The median performance rate of G0416 for those same respondents over the past 12 months was 49.

Zero Performance of Reference Service

	CAP		**ASC**		**Combined**	
Code	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.
88356	15	63%	11	73%	26	67%
17313	6	60%	7	58%	13	59%

These data demonstrate that it is highly unlikely that the physicians taking the survey understood the physician work and time involved in G0416 or in any of their chosen comparison services. In addition, many potential survey respondents chose not to complete the survey and indicated the reference service choices were unknown to them.

Even though the intensity and complexity indicators revealed that G0416 was more intense and complex than the key referenced service, the unfamiliarity with the reference service means that the responses cannot be relied upon at all because those respondents had a median performance rate of their chosen code of zero.

The following table provides a summary of the work and time survey data:

			Median	Median Time		
	Emails	**Responses**	**RVU**	**Pre**	**Intra**	**Post**
CAP	1,000	63	3.95	5	45	10
ASC	1,000	55	3.80	5	45	10
Total	2,000	118	3.90	5	45	10

Most respondents (69%) did not perform the service that they picked from the reference service listing. The services selected therefore are poor bases for comparison. The respondents that chose the key reference service (88356), and had performed it, had a median total time for G0416 of 132 minutes. Those respondents that chose the key reference service but had not performed it reported a median time for G0416 of 52.5 minutes. The difference between these two groups was %150. The secondary key reference service (17313) demonstrated similar disparities.

Therefore, the specialties proposed to disregard the survey and to maintain the work RVU of G0416 at its current value of 3.09.

The RUC agreed that the work survey results were flawed and provided invalid estimates of both physician work and time. However, the RUC discussed the CMS imputed work value of 3.09 and determined that it likely undervalues the work of the service. The RUC then described the process of an expert panel, which is an alternative approach that has been used in the past when reliable survey data is impossible to obtain. The specialties agreed that they would be willing to form an expert panel to make a recommendation at the October RUC meeting. **The RUC recommended that the current work value of 3.09 be maintained as interim and that the specialties should convene an expert panel to determine an appropriate work RVU for CPT code G0416 to be presented to the RUC at the October 2015 RUC meeting.**

In addition, the RUC concurred with the specialty that the practice expense was likely the primary reason that CMS had requested for this service to be reviewed. The direct practice expense inputs are based on a crosswalk to CPT code 88305 as they were in 2009 when code G0416 was created. The technical component of CPT code 88305 was revalued in 2012, but the updated direct PE inputs for 88305 had never been accounted for in the value of G0416. The April 2015 recommendation made by the CAP and the ASC for G0416 accounted for the refined direct inputs for 88305 and the bundling of the services. The RUC reviewed and approved the direct practice expense inputs for G0416.

Compelling Evidence Arguments

The following are compelling evidence arguments for a physician work RVU greater than 3.09 for code G0416.

- **Evidence that incorrect assumptions were made in the previous valuation of the service**
  - **Flawed crosswalk and methodology assumptions in previous evaluation – use of 88304**
    For CY 2009, CMS stated that the initial four services were valued based on the "work and PE values of 15 percent of samples requiring" the level of expertise of CPT code 88305. "The remaining 85 percent of the samples" were stated to "require confirmation of prostate tissue and interpretation indicating the presence of cancer or not since the diagnosis had been identified in the 15 percent of samples." CMS "assigned the work and PE of 88304 to this

group of samples." CMS' valuation methodology yielded a work RVU of 3.09 with 182 minutes for G0416.

There is no basis for the statement "the remaining 85 percent of the samples require confirmation of prostate tissue and interpretation indicating the presence of cancer or not since the diagnosis had been identified in the 15 percent of samples." Each prostate biopsy core needs to be individually evaluated for cancer and, if present, the size and Gleason grade of the cancer must also be determined. This information is then required in the report and is used by the urologist and other physicians in determining patient management and therapeutic options, including whether active surveillance is a patient management option.

The CAP and the ASC both assert that CMS' valuation assumptions and methodology is severely flawed. The prostate is unique in that it is a single (relatively) small organ which is sampled in multiple locations, each of which requires individual interpretation to use for patient management. The urologist and other providers need a separate diagnosis for each of the needle cores, as well as the size of the cancer and Gleason grade, if cancer is present. To accomplish this, each specimen must be evaluated individually, at multiple levels in the biopsy specimen. The physician work of each specimen requires similar amounts of time, intensity, and complexity as the determination of any instance of cancer or other disease process. Therefore, each sample should be valued with the same underlying CPT code, which the CAP and ASC agree should be 88305.

It is illogical and inappropriate to separate the samples into groups or to cross-walk any number of specimens to any service other than to 88305. Cross-walking any number of these individual services to any lower level pathology service inappropriately discounts the physician services. Therefore, CMS' use of 88304 to describe the work of evaluating and interpreting any one of the specimens bundled into G0416 undervalues the actual work that is being performed. **It is clearly evident that G0416 was valued by CMS under incorrect assumptions which established a flawed methodology and undervalued the services being provided.**

- **Original valuation applied to different code descriptions**
  The CMS altered the descriptions of service of the prostate G codes four times over the past five years. Yet, they have maintained the physician work value and time of G0416 over the same time period. Originally, G0416 was described as the surgical pathology, gross and microscopic examination of prostate needle saturation biopsy sampling, 1-20 specimens. It then changed to 10-20 specimens, then it changed to 10-20 using any method, and then finally changed to any method any number. The current single code (G0416) could apply to the pathologists' interpretation work of 1 biopsy or the work of 100 biopsies. This means that 3.09 RVUs would apply equally for 1 biopsy as much as for 100 biopsies. The code also now applies to saturation or non-saturation biopsies, which are inherently variations in work. **The CAP and the ASC agree that the current valuation of G0416 is fundamentally flawed and inaccurate based upon the frequently changing descriptor.** See specific code changes below:

  Number of specimens applied to valuation changed and the applicable technique changed over 6 year period.

Original Coding Structure – 2009 –

Code	# of Specimens	Work RVU	Time	Technique
G0416	1 to 20	3.09	182	Saturation biopsies only
G0417	21 to 40	5.86	349	Saturation biopsies only
G0418	41 to 60	10.3	642.6	Saturation biopsies only
G0419	60 or more	11.61	714	Saturation biopsies only

Coding Structure – 2013 – change in number of specimens per bundle

Code	# of Specimens	Work RVU	Time	Technique
G0416	10 to 20	3.09	182	Saturation biopsies only
G0417	21 to 40	5.86	349	Saturation biopsies only
G0418	41 to 60	10.3	642.6	Saturation biopsies only
G0419	60 or more	11.61	714	Saturation biopsies only

Coding Structure – 2014 – change in technique

Code	# of Specimens	Work RVU	Time	Technique
G0416	10 to 20	3.09	182	All biopsies
G0417	21 to 40	5.86	349	All biopsies
G0418	41 to 60	10.3	642.6	All biopsies
G0419	60 or more	11.61	714	All biopsies

Coding Structure – 2015 (G0417-G0419 are deleted) – Comprehensive bundling irrespective of number of specimens or biopsy technique

Code	# of Specimens	Work RVU	Time	Technique
G0416	Any number	3.09	182	All biopsies

- **Misleading vignette and survey**
  The original valuations of G0416, G0417, G0418, and G0419 were not derived from a survey or any direct crosswalk. CMS never assigned a vignette or a description of work that could be used for current or future valuations. In addition, the code's descriptions changed multiple times reflecting applicability to the various techniques used to biopsy the prostate. For providers, codes that originate outside of the AMA CPT Editorial processes are exceedingly difficult to understand and utilize during their clinical practice. Therefore**, the current valuation of G0416 is not succinctly understood, nor is it universally recognized for the examinations of prostate biopsies.**

- **Anomalous relationship between the code being valued and other codes**
  The original CPT code that accurately and specifically addresses the full work of the evaluation a single prostate biopsy specimen is 88305. 88305 has a work RVU of 0.75 and total time of 25 minutes. CMS had stated they believe the typical number of specimens evaluated for prostate biopsies was between 10 and 12, and a CAP review of Medicare's 2013 5% sample also found that 12 specimens were typical. Therefore, logic would place a value of the typical G0416 at 9.00 work RVUs (0.75 x 12). Even using CMS' lower number (10 specimens) would calculate a typical work of G0416 at 7.50 work RVUs (0.75 x 10). Both resulting work RVUs are substantially higher than CMS' current value of 3.09, which demonstrates that there is an anomalous relationship in the physician work between G0416 and 88305.

  Similarly, the total RUC time of one 88305 is 25 minutes. If 12 specimens are typically evaluated, the physician time of G0416 would be 300 minutes (25 x 12 = 300), 5 hours of physician work. CMS assigned a time in 2009 for 10 to 20 specimens of 182 minutes.

  In addition, the two other pathology services with the highest RVUs are 88309 and 88356. Both codes were recently reviewed by the RUC with work RVUs of 2.80 and total time of 90 minutes. Both of these services, although highly complex and intense, evaluate only one specimen. The typical use of G0416 is the evaluation of 12 specimens, which inherently implies that the service

is undervalued at 3.09 RVUs in relation to the existing single specimen valuations of 88309 and 88356.

CMS' undervaluing of G0416, as discussed above, inherently creates an anomalous relationship in the physician time between G0416 and 88305.

Recommended Valuation

At the April 2015 RUC meeting, the RUC acknowledged the difficulties associated with surveying G0416 for physician work. Therefore, the RUC recommended that the current work value of 3.09 be maintained as interim and that the specialties should convene an expert panel to determine an appropriate work RVU to be presented to the RUC at the October 2015 RUC meeting. **The expert panel recommends a physician work RVU of 4.00, with 120 minutes of intra-service total time.** Additional rationale for this recommendation is discussed in a separate cover letter.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:G0416 Tracking Number Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: XXX RUC Recommended RVU: **4.00**

CPT Descriptor: Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69 year old man with an elevated PSA has 12 site specific biopsies submitted in separately identified containers for pathologic evaluation. 1 biopsy core from the mid region shows 40% involvement by adenocarcinoma, Gleason score 6(3+3), and a contralateral apex core shows a small atypical focus. The other cores are negative for tumor, demonstrating an array of inflammatory and atrophic changes.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

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: Following receipt of the specimen in the pathology laboratory, the clinical history and prior diagnostic studies are reviewed. The gross examination of the twelve needle cores is supervised by the pathologist and the gross description of the needle cores is compared to the tissue present on the microscopic slides. The hematoxylin and eosin stained sections are reviewed by the pathologist on multiple levels on three microscopic slides from each of the twelve tissue blocks. Clinically meaningful findings are identified and results are compared to previous reports. The surgical pathology report is dictated and finalized.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Jonathan Myles, MD, Swati Methrota, MD, Stephen Black-Shaffer MD, and Michael McEachin, MD.		
Specialty(s):	College of American Pathologists and American Society of Cytopathology		
CPT Code:	G0416		
Sample Size: 0	**Resp N:** 0	**Response:** 0.0 %	
Description of Sample:	Expert Panel		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:					
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:					

Immediate Post Service-Time:	_____	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	_____	99291x 99292x
Other Hospital time/visit(s):	_____	99231x 99232x 99233x
Discharge Day Mgmt:	_____	99238x 99239x 99217x
Office time/visit(s):	_____	99211x 12x 13x 14x 15x
Prolonged Services:	_____	99354x 55x 56x 57x
Sub Obs Care:	_____	99224x 99225x 99226x

**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:	G0416	**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:		**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:	**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
		0.00	

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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
90961	XXX	4.26	**RUC Time**	692,801

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99223	XXX	3.86	**RUC Time**	10,871,580

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 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
38240	XXX	4.00	**RUC Time**

CPT Descriptor Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor

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: 0 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: G0416	**Top Key Reference CPT Code:**	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	120.00	0.00	0.00
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	**120.00**	**0.00**	**0.00**
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		
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed		
Urgency of medical decision making		
Technical Skill/Physical Effort (Mean)		
Technical skill required		

Physical effort required		

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality		
Outcome depends on the skill and judgment of physician		
Estimated risk of malpractice suit with poor outcome		

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity		

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 College of American Pathologists (CAP) and the American Society of Cytopathology (ASC), as a result of an expert panel formed at the direction of the RUC, recommend a physician work cross-walk for HCPCS code G0416 - *Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method*.

At the April 2015 RUC meeting, due to the difficulties associated surveying this service for physician work, the RUC recommended that the current work value of 3.09 for G0416, be maintained as interim and that the specialties should convene an expert panel to recommend an appropriate work RVU for CPT code G0416 to be presented at the October 2015 RUC meeting. At the same time, the RUC voted to accept the recommendation for practice expense inputs from the Practice Expense Subcommittee.

After the April 2015 RUC meeting, the CAP and the ASC formed an expert panel of 16 physicians from a variety of different practice types, sizes, and locations throughout the United States. The expert panel reviewed the physician work, time, intensity, and the complexity of the typical service provided with code G0416. The expert panel agreed that the proposed vignette for this service was typical. The expert panel considered relativity amongst several services with different global periods, physician time, complexity, intensity, and the overall physician work effort of the service to determine the appropriate relative value for this service.

Prostate cancer represents the most common non-skin cancer in men, and early detection efforts result in more than 1 million biopsies annually. The physician work of bundled service G0416 typically involves the evaluation of multiple separate and distinct individual prostate biopsy specimens. Each biopsy procedure would typically obtain 12 distinct needle cores. Each is meticulously reviewed for its unique characteristics, as the urologist requires a separate diagnosis for each of the needle cores, as well as the size and Gleason grade of the cancer for each, if present. This is necessary information because therapeutic options vary depending upon the size and grade of the cancer. Depending upon the biopsy results, active surveillance, rather than surgical or radiation therapy, is a patient management consideration in some cases. Each individual biopsy specimen is examined separately, including the examination of each biopsy specimen at multiple levels. The physician work of each biopsy core requires similar amounts of time, intensity, complexity, and overall physician work for the identification of any cancer in any biopsy core. Therefore, each sample should be valued with the same underlying CPT Code, which the CAP and the ASC have agreed should be 88305 (Work RVU = 0.75, 25 minutes intra-service, and total time). The total work RVUs would add up to 9.00 RVUs (0.75 RVUs x 12= 9.00 RVUs) for the typical 12 needle core case. In addition the total time would add up to 300 minutes (25 minutes x

12 needle cores = 300 minutes). CMS currently values G0416 at 3.09 work RVUs and 182 minutes of work time based on a flawed calculation that has been previously presented to the RUC.

The expert panel concluded that the pathological examination of prostate biopsy specimens is unique in that it is a single (relatively) small organ which is managed (surgically or otherwise) as a whole yet is sampled in multiple locations. However, each core requires a distinct and separate pathological evaluation due to management and treatment considerations. It is typical for a pathologist to examine 12 prostate needle core biopsy specimens at a time, and the correct coding would now require a pathologist to bill one G0416 for all of the work. The expert panel concluded that the typical time for these services is typically significantly less than 300 minutes and reached a consensus opinion that 120 minutes represents the typical physician time for G0416. With the 120 minutes completely allotted to intra-service time, the proposed intra-service work proposed by the expert committee (4.00 RVU's) per unit of time for G0416 is 0.033, which is comparable to other pathology services.

The entire bundled service was considered as the expert panel developed its recommendation and researched the fee schedule for comparably relative services. The expert panel considered several services which are listed below as potential cross-walks, however the recently reviewed (April 2012) physician work of CPT code 38240 - *Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor* was considered the most applicable comparison service on the physician fee schedule for time, intensity, and complexity to the surgical pathology examinations of prostate needle biopsy specimens.

CAP and ASC believe code G0416 has similar overall physician work, time, intensity, and complexity as 38240, and in comparison have also considered the following RUC reviewed services:

- **90961** – End-stage renal disease (ESRD) related services monthly, for patients 20 years of age or older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month (MPC code, XXX global, work RVU = 4.26, total time = 113 minutes, Reviewed February 2008)
- **99345** – Home visit for evaluation and management of a new patient, which requires … 3 key components: … (MPC code, XXX global, work RVU = 4.09, total time = 120 minutes, Reviewed April 1997)
- **99223** - Initial hospital care, per day, for the evaluation and management of a patient, which requires … 3 key components: … (MPC code, XXX global, work RVU = 3.86, total time = 90 minutes, Reviewed February 2006)
- **33992** - Removal of percutaneous ventricular assist device at separate and distinct session from insertion (XXX global, work RVU = 4.00, total time = 105 minutes, Reviewed April 2012)
- **99255** - Inpatient consultation for a new or established patient, which requires … 3 key components: … (XXX global, work RVU = 4.00, total time = 105, Reviewed February 2006, Not payable by Medicare)
- **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 [000 day global, work RVU = 4.14, total time = 106 minutes, Reviewed February 2013)

The specialty societies recommend a physician work RVU of 4.00, with 120 minutes of intra-service total time, through a cross-walk of CPT code 38240 - Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor (XXX global, work RVU = 4.00, total time = 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: 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) 88305 for each specimen

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 Urology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 300000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimates from Medicare's 2013 5% file with 2014 RUC Database utilization

Specialty Pathology Frequency 177000 Percentage 59.00 %

Specialty Clinical Laboratory Frequency 114000 Percentage 38.00 %

Specialty Urology Frequency 9000 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. G0416 is used for Medicare purposes. The estimate was derived from data contained in the 2013 Medicare 5% file.

Specialty Pathology Frequency 177000 Percentage 59.00 %

Specialty Clinical Laboratory Frequency 114000 Percentage 38.00 %

Specialty Urology Frequency 9000 Percentage 3.00 %

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 G0416

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: Prostate Biopsy
TAB: 16

source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE			INTRA					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
Current	G0416	Prostate biopsy, any method					3.09			182									
SVY	G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method		0.033			4.00									120			

CPT Code:__G0416
Specialty Society(‘s)__CAP, ASC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

HCPCS Long Descriptor: Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method

Global Period:_XXX Meeting Date: April 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: CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to develop direct practice expense inputs for this service.

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: CMS created G0416 and has not published direct practice expense inputs for the code. The CAP believes that the most accurate coding structure to best define this service and capture accurate payment is to utilize CPT code 88305. Therefore, based on the vignette that indicates 12 site specific biopsies, the direct inputs for 88305, multiplied by 12 has been 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 clinical time components exceed the 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: No recommended direct inputs exceed the assumed current inputs..

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Order, fill, label, restock and distribute specimen containers. Accession specimen in lab computer system including the following: Unwrap and/or remove specimen bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against bottle to see if the patient’s name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station.

Prepare tissue cassettes. Photograph gross specimens, download file into lab computer system.
Obtain and display applicable specimen radiographs.
Assist pathologist with gross specimen examination, cleaning grossing area between specimens.
Load solutions into tissue processor. Load and sort cassettes into tissue processor includes drain cassette basket, place basket in processor, put lid on basket, close lid, set processor. Confirm settings. Take requisitions to administrative staff.

Confirm specimen ID. Embed tissue in paraffin includes: Review applicable gross information (number of fragments, orientation, size) Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.

Retrieve paraffin block from freezer and place on ice tray at microtome. Place paraffin block in microtome. Change and insert knife. Rough-cut block. Place block on ice. Retrieve block and section. Place section on water bath. Confirm specimen ID. Label microscopic slides with slide labeler and place section on microscopic slide from water bath. Put on drain tray. Put in staining basket and put staining basket in oven. Remove from oven, set clock for cool time, and put handle on basket.

Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.

Prepare automated coverslipper, remove slides from stainer and place on coverslipper Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.

Clean grossing station; includes Load dirty cutting board, knives, forceps, etc. (instrument pack) in dishwasher, clean counter, clean sink, dispose of and package trash, restock, set up gross area for next day. Pack specimens for short term storage prior to disposal.

Intra-Service Clinical Labor Activities:

NONE

Post-Service Clinical Labor Activities:

Thoroughly clean all of the equipment, tissue processor, and embedding and staining areas. Recycle the xylene and dispose of chemicals, specific specimens after designated period and the case is signed out. File the blocks, slides and requisitions.

CPT Code: G0416
Specialty Society(‘s)_CAP, ASC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method

Global Period:_XXX Meeting Date:_April 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:

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: CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to develop direct practice expense inputs for this service.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Not applicable in the facility setting.

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 in the facility setting.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

No recommended direct practice expense inputs in the facility setting

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1	**G0416 Direct Practice Expense Recommendation**			**88305**	**88305 times 12**	**88302**	**88302 times 12**
2	**Meeting Date: April 2015** **Specialty: Pathology** **TAB 38**	**CMS**	**Staff**	Level IV - Surgical pathology, gross and microscopic examination …	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	Level II - Surgical pathology, gross and microscopic examination Appendix	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental
3	**LOCATION**	**Code**	**Type**	Non Facility	Non Facility	Non Facility	Non Facility
4				**RUC Jan 2012**	**Reference**	**RUC Jan 2012**	**Reference**
5	**GLOBAL PERIOD**						
6	**TOTAL CLINICAL LABOR TIME**			**29.50**	**354.0**	**23.5**	**282.0**
7	**TOTAL HISTOTECHNOLOGIST**	L037B	Histotech	**16.00**	**192.0**	**10.0**	**120.0**
8	**TOTAL LAB TECHNICIAN**	L033A	Lab Tech	**13.50**	**162.0**	**13.5**	**162.0**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.50**	**6.0**	**0.5**	**6.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**25.00**	**300.0**	**19.0**	**228.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**4.00**	**48.0**	**4.0**	**48.0**
12	**PRE-SERVICE**		Blocks	2		1	
13	**Start: When containers/requisitions prepared for physician**						
14	Order, fill, label, restock and distribute specimen containers .	L033A	Lab Tech	**0.50**	**6**	0.50	6.00
15	**End:When specimen is ready for examination by pathologist**						
16	**SERVICE PERIOD**						
17	**Start: When specimen is ready for examination by pathologist**						
18	Accession specimen in lab computer system including the following: Unwrap and/or remove specimen bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against bottle to see If patient name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station.	L033A	Lab Tech	**6**	**72**	6	72
19	Prepare tissue cassettes	L037B	Histotech	**1**	**12**	1	12
20	Photograph gross specimen, download file into lab computer system (88307-9 only)	L037B	Histotech				
21	Obtain and display applicable specimen radiographs.	L033A	Lab Tech				
22	Assist pathologist with gross specimen examination	L037B	Histotech	**3**	**36**	1	12
23	Clean grossing area between specimens	L033A	Lab Tech	**1**	**12**	1	12
24	Load solutions into tissue processor. Load and sort cassettes into tissue processor includes drain cassette basket, place basket in processor, put lid on basket, close lid, set processor. Confirm settings. Take requisitions to secretary.	L037B	Histotech	**1**	**12**	1	12
25	Confirm specimen ID. Embed tissue in paraffin includes: Review applicable gross information (number of fragments, orientation, size) Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	L037B	Histotech	**3**	**36**	2	24
26	Retrieve paraffin block from freezer and place on ice tray at microtome. Place paraffin block in microtome. Change and insert knife. Rough-cut block. Place block on ice. Retrieve block and section. Place section on water bath. Confirm specimen ID. Label microscopic slides with slide labeler and place section on microscopic slide from water bath. Put on drain tray. Put in staining basket and put staining basket in oven. Remove from oven, set clock for cool time, and put handle on basket.	L037B	Histotech	**6**	**72**	3	36
27	Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.	L037B	Histotech	**1**	**12**	1	12
28	Prepare automated coverslipper, remove slides from stainer and place on coverslipper	L037B	Histotech	**1**	**12**	1	12
29	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L033A	Lab Tech	**1**	**12**	1	12
30	Clean grossing station includes; Load dirty cutting board, knives, forceps, etc. (instrument pack) in dishwasher, clean counter, clean sink, dispose of and package trash, restock, set up gross area for next day	L033A	Lab Tech	**1**	**12**	1	12
31	Pack specimens for short term storage prior to disposal	L033A	Lab Tech				
32	Other Clinical Activity (please specify)						
33	**End: When specimen examination by pathologist is complete**						
34	**POST SERVICE - PERIOD**						
35	**Start: When specimen examination by pathologist is complete**						0
36	Clean tissue processor, embedding and staining area	L033A	Lab Tech	**1**	**12**	1	12
37	Recycle xylene from tissue processor and stainer	L033A	Lab Tech	**1**	**12**	1	12
38	Dispose of remaining chemicals	L033A	Lab Tech	**1**	**12**	1	12
39	File blocks, slides, and requisitions	L033A	Lab Tech	**1**	**12**	1	12
40	**End: When specimen, chemical waste and record handling is complete**						

	A	B	C	D	E	F	G
1	**G0416 Direct Practice Expense Recommendation**			**88305**	**88305 times 12**	**88302**	**88302 times 12**
2	**Meeting Date: April 2015** **Specialty: Pathology** **TAB 38**	**CMS**	**Staff**	Level IV - Surgical pathology, gross and microscopic examination …	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	Level II - Surgical pathology, gross and microscopic examination Appendix	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental
3	**LOCATION**	**Code**	**Type**	Non Facility	Non Facility	Non Facility	Non Facility
41	**MEDICAL SUPPLIES**		**Unit**				
42	gloves, non-sterile, nitrile	SB023	pair	**2**	**24**	2.0	24.0
43	gown, staff, impervious	SB027	item	**0.10**	**1.20**	0.1	1.2
44	mask, surgical	SB033	item	**0.10**	**1.20**	0.1	1.2
45	biopsy sponge (Histo-Prep)	SD005	item	**2**	**24**		
46	blade, microtome	SF004	item	**0.20**	**2.40**	0.1	1.2
47	scalpel with blade, surgical (#10-20)	SF033	item	**1**	**12**	1	12
48	eye shield, non-fog	SG049	item	**0.10**	**1.20**	0.1	1.2
49	bleach	SL020	ml	**10**	**120**	10	120
50	cover slip, glass	SL030	item	**6**	**72**	1	12
51	cup, biopsy-specimen non-sterile 4oz	SL035	item	**1**	**12**	1	12
52	embedding cassette	SL058	item	**2**	**24**	1	12
53	embedding mold	SL060	item	**2**	**24**	1	12
54	embedding paraffin	SL061	kg	**0.01**	**0.06**	0.008	0.10
55	eosin solution	SL063	ml	**8**	**96**	4	48
56	fixative (for tissue specimen)	SL068	ml	**50**	**600**	50	600
57	fixative processing (buffered formalin)	SL070	ml	**28**	**336**	14	168
58	histology freezing spray (Freeze-It)	SL078	oz	**0.20**	**2.40**	0.10	1.20
59	label for microscope slides	SL085	item	**6**	**72**	1	12
60	mold release agent, liquid	SL093	ml	**0.20**	**2.40**	0.10	1.20
61	mounting media (Histomount)	SL095	ml	**2**	**24**	1	12
62	slide, microscope	SL122	item	**6**	**72**	1	12
63	stain, hematoxylin	SL135	ml	**32**	**384**	16	192
64	xylenes solvent	SL151	ml	**60**	**720**	30	360
65	formaldehyde spill control	SM017	grams	**5**	**60**	5	60
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	**2**	**24**	1	12
67	specimen, solvent, and formalin disposal cost		dollars	**0.35**	**4.20**	0.18	2.16
68	marking dyes	SL470	ml	**3**	**36**		-
69	acetic acid 5%	SH001	ml	**1**	**12**		-
70	paraffin repel	SL468	ml	**1**	**12**	1	12
71	clarifier	SL469	ml	**4**	**48**	2	24
72	Q-tips	SL471	item	**3**	**36**		-
73	towel, paper (Bounty) (per sheet)	SK082	item	**2**	**24**	2	24
74	gauze, non-sterile 4in x 4in	SG051	item	**4**	**48**	2	24
75	Courier transportation costs		dollars	**2.02**	**24.24**	2.02	24.24
76	100% alcohol	SL189	ml	**60**	**720**	30	360
77	95% alcohol	SL248	ml	**36**	**432**	18	216
78	70% alcohol	SL190	ml	**8**	**96**	4	48
79	**Equipment**						
80	balance, scale	EP005	minutes				-
81	grossing station w-heavy duty disposal	EP015	minutes	**2**	**24**	2	24
82	microscope, compound	EP024	minutes	**20**	**240**	5	60
83	paraffin dispenser (two-gallon)	EP032	minutes	**2**	**24**	1	12
84	slide coverslipper, robotic	EP033	minutes	**6**	**72**	1	12
85	tissue embedding center	EP039	minutes	**2**	**24**	1	12
86	water bath, general purpose (lab)	EP043	minutes	**6**	**72**	3	36
87	instrument pack, basic ($500-$1499)	EQ137	minutes	**10**	**120**	5	60
88	equipment maintance cost		dollars	**0.61**	**7.32**	0.61	7
89	microtome	ER041	minutes	**6**	**72**	3	36
90	slide dryer	EP034	minutes	**1**	**12**	1	12
91	slide stainer, automated high-volume throughput	EP036	minutes	**12**	**144**	2	24
92	tissue processor	EP040	minutes	**10**	**120**	5	60
93	solvent recycling system	EP038	minutes	**4**	**48**	2	24
94	Freezer	EP110	minutes	**1**	**12**	1	12
95	automated cassette labeler	EP111	minutes	**1**	**12**	1	12
96	camera, digital system, 12 megapixel (medical grade)	ED005	minutes		**0**		-
97	hood, fume	EP017	minutes	**1**	**12**	1	12
98	Copath System with maintenance contract		minutes	**4**	**48**	3	36
99	Copath software		minutes	**4**	**48**	3	36
100	loupes, standard, up to 3.5x	EQ176	minutes	**1**	**12**		-
101	slide labeler	EP035	minutes	**1**	**12**	1	12

	A	B	C	H
1	**G0416 Direct Practice Expense Recommendation**			**G0416**
2	**Meeting Date: April 2015** **Specialty: Pathology** **TAB 38**	**CMS**	**Staff**	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
3	**LOCATION**	**Code**	**Type**	Non Facility
4				**CAP REC April 2015**
5	**GLOBAL PERIOD**			
6	**TOTAL CLINICAL LABOR TIME**			**158.0**
7	**TOTAL HISTOTECHNOLOGIST**	L037B	Histotech	**123.5**
8	**TOTAL LAB TECHNICIAN**	L033A	Lab Tech	**34.5**
9	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**4.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**150.0**
11	**TOTAL POST-SERV CLINICAL LABOR TIME**			**4.0**
12	**PRE-SERVICE**		Blocks	
13	**Start: When containers/requisitions prepared for physician**			
14	Order, fill, label, restock and distribute specimen containers .	L033A	Lab Tech	**4**
15	**End:When specimen is ready for examination by pathologist**			
16	**SERVICE PERIOD**			
17	**Start: When specimen is ready for examination by pathologist**			
18	Accession specimen in lab computer system including the following: Unwrap and/or remove specimen bottle and requisition slip from plastic bag. Check demographics to ensure they are correct and to ensure proper billing. Check requisition slip against bottle to see If patient name and/or specimen location (s) match each other. Distribute requisition form and specimen to grossing station.	L033A	Lab Tech	17
19	Prepare tissue cassettes	L037B	Histotech	6.5
20	Photograph gross specimen, download file into lab computer system (88307-9 only)	L037B	Histotech	
21	Obtain and display applicable specimen radiographs.	L033A	Lab Tech	
22	Assist pathologist with gross specimen examination	L037B	Histotech	18
23	Clean grossing area between specimens	L033A	Lab Tech	
24	Load solutions into tissue processor. Load and sort cassettes into tissue processor includes drain cassette basket, place basket in processor, put lid on basket, close lid, set processor. Confirm settings. Take requisitions to secretary.	L037B	Histotech	2
25	Confirm specimen ID. Embed tissue in paraffin includes: Review applicable gross information (number of fragments, orientation, size) Take cassette out of embedding chamber, open cassette, put paraffin in bottom of embedding mold, embed tissue, put cassette on top of mold and fill mold with paraffin. Put mold on cold plate. Take embedded specimen out of mold, transfer to cutting cold plate. Add paraffin to embedding melting pot and clean embedding center.	L037B	Histotech	24
26	Retrieve paraffin block from freezer and place on ice tray at microtome. Place paraffin block in microtome. Change and insert knife. Rough-cut block. Place block on ice. Retrieve block and section. Place section on water bath. Confirm specimen ID. Label microscopic slides with slide labeler and place section on microscopic slide from water bath. Put on drain tray. Put in staining basket and put staining basket in oven. Remove from oven, set clock for cool time, and put handle on basket.	L037B	Histotech	60
27	Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.	L037B	Histotech	6.5
28	Prepare automated coverslipper, remove slides from stainer and place on coverslipper	L037B	Histotech	6.5
29	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	L033A	Lab Tech	6.5
30	Clean grossing station includes; Load dirty cutting board, knives, forceps, etc. (instrument pack) in dishwasher, clean counter, clean sink, dispose of and package trash, restock, set up gross area for next day	L033A	Lab Tech	3
31	Pack specimens for short term storage prior to disposal	L033A	Lab Tech	
32	Other Clinical Activity (please specify)			
33	**End: When specimen examination by pathologist is complete**			
34	**POST SERVICE - PERIOD**			
35	**Start: When specimen examination by pathologist is complete**			
36	Clean tissue processor, embedding and staining area	L033A	Lab Tech	1
37	Recycle xylene from tissue processor and stainer	L033A	Lab Tech	1
38	Dispose of remaining chemicals	L033A	Lab Tech	1
39	File blocks, slides, and requisitions	L033A	Lab Tech	1
40	**End: When specimen, chemical waste and record handling is complete**			

	A	B	C	H
1	**G0416 Direct Practice Expense Recommendation**			**G0416**
2	**Meeting Date: April 2015** **Specialty: Pathology** **TAB 38**	**CMS**	**Staff**	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
3	**LOCATION**	**Code**	**Type**	Non Facility
41	**MEDICAL SUPPLIES**		**Unit**	
42	gloves, non-sterile, nitrile	SB023	pair	2
43	gown, staff, impervious	SB027	item	0.1
44	mask, surgical	SB033	item	0.1
45	biopsy sponge (Histo-Prep)	SD005	item	12
46	blade, microtome	SF004	item	1.2
47	scalpel with blade, surgical (#10-20)	SF033	item	
48	eye shield, non-fog	SG049	item	0.1
49	bleach	SL020	ml	10
50	cover slip, glass	SL030	item	36
51	cup, biopsy-specimen non-sterile 4oz	SL035	item	12
52	embedding cassette	SL058	item	12
53	embedding mold	SL060	item	12
54	embedding paraffin	SL061	kg	0.10
55	eosin solution	SL063	ml	48
56	fixative (for tissue specimen)	SL068	ml	600
57	fixative processing (buffered formalin)	SL070	ml	168
58	histology freezing spray (Freeze-It)	SL078	oz	1.2
59	label for microscope slides	SL085	item	36
60	mold release agent, liquid	SL093	ml	1.2
61	mounting media (Histomount)	SL095	ml	12
62	slide, microscope	SL122	item	36
63	stain, hematoxylin	SL135	ml	192
64	xylenes solvent	SL151	ml	360
65	formaldehyde spill control	SM017	grams	
66	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item	12
67	specimen, solvent, and formalin disposal cost		dollars	
68	marking dyes	SL470	ml	
69	acetic acid 5%	SH001	ml	
70	paraffin repel	SL468	ml	12
71	clarifier	SL469	ml	24
72	Q-tips	SL471	item	
73	towel, paper (Bounty) (per sheet)	SK082	item	2
74	gauze, non-sterile 4in x 4in	SG051	item	12
75	Courier transportation costs		dollars	
76	100% alcohol	SL189	ml	360
77	95% alcohol	SL248	ml	216
78	70% alcohol	SL190	ml	48
79	**Equipment**			
80	balance, scale	EP005	minutes	
81	grossing station w-heavy duty disposal	EP015	minutes	21
82	microscope, compound	EP024	minutes	182
83	paraffin dispenser (two-gallon)	EP032	minutes	12
84	slide coverslipper, robotic	EP033	minutes	36
85	tissue embedding center	EP039	minutes	12
86	water bath, general purpose (lab)	EP043	minutes	36
87	instrument pack, basic ($500-$1499)	EQ137	minutes	21
88	equipment maintance cost		dollars	
89	microtome	ER041	minutes	36
90	slide dryer	EP034	minutes	12
91	slide stainer, automated high-volume throughput	EP036	minutes	72
92	tissue processor	EP040	minutes	60
93	solvent recycling system	EP038	minutes	24
94	Freezer	EP110	minutes	12
95	automated cassette labeler	EP111	minutes	12
96	camera, digital system, 12 megapixel (medical grade)	ED005	minutes	0
97	hood, fume	EP017	minutes	12
98	Copath System with maintenance contract		minutes	
99	Copath software		minutes	
100	loupes, standard, up to 3.5x	EQ176	minutes	12
101	slide labeler	EP035	minutes	12

AMA/Specialty Society RVS Update Committee Summary of Recommendations
** CMS High Expenditure Procedural Codes**

October 2015

Physical Medicine and Rehabilitation Evaluation

In the July 19, 2011, Proposed Rule for 2012, CMS requests that the RUC review a list of 70 high PFS expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes based on the fact that they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago. In Sept 2011, the Relativity Assessment Workgroup reviewed these services and recommends that the specialty societies submit action plans for January 2012. In January 2012, the specialties indicated they were working on significantly revising the Physical Medicine and Rehabilitation Section of CPT. In February 2015, the CPT Editorial Panel deleted four therapy evaluation codes and created eight new codes describing physical therapy and occupational therapy evaluations. In May 2015 the CPT Editorial Panel made additional revisions.

Physical Therapy Evaluation Services

The American Physical Therapy Association (APTA) surveyed three physical therapy evaluation services (97X61-97X63) and the physical therapy re-evaluation service (97X64).

Compelling Evidence

The HCPAC noted that the recommended work RVUs for the physical therapy evaluation codes are work neutral. However, the APTA presented compelling evidence that there is an anomalous relationship between physical therapy services and the office visit codes for the re-evaluation code 97X64. The HCPAC noted that the physical therapy codes are not equivalent to the physician Evaluation and Management codes but have historically been used as a comparison. The physical therapy codes previously have been valued at approximately 88% of Evaluation and Management services. However, currently the re-evaluation code 97002 (work RVU = 0.60) is 62% of a 99213 (work RVU = 0.97) due to the increase to the Evaluation and Management services over the last 20 years since the physical therapy codes were established. **The HCPAC agreed that there was compelling evidence of an anomalous relationship between the code being valued and other codes.**

APTA estimates the low intensity evaluations service will be reported 25 percent, the moderate intensity evaluations will be reported 50 percent and the high intensity evaluations will be reported 25 percent of the current utilization.

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97X61 *Physical therapy evaluation; low complexity*
The HCPAC reviewed the survey results from 127 physical therapists for CPT code 97X61 and determined that the survey median work RVU of 0.75 appropriately accounts for the work required to perform this service. The HCPAC recommends pre-service evaluation time of 5 minutes, intra-service time of 20 minutes and immediate post-service time of 12 minutes. The HCPAC noted that the immediate post-service time accurately accounts for the required documentation of body functions and structure measures, actual activity measures and societal function measures. The HCPAC compared the surveyed code to key reference services 99201 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.48) and 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU =0.93) and determined that the surveyed code ranked appropriately between these two services. The HCPAC also referenced MPC codes 88305 *Level IV - Surgical pathology, gross and microscopic examination* (work RVU = 0.75 and 25 minutes intra-service time), 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75 and 20 minutes intra-service time) and 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* (work RVU 0.77 and 20 minutes intra-service time). **The HCPAC recommends a work RVU of 0.75 for CPT code 97X61.**

97X62 Physical therapy evaluation; moderate complexity
The HCPAC reviewed the survey results from 136 physical therapists for CPT code 97X62 and determined that the survey median work RVU of 1.18 appropriately accounts for the work required to perform this service. The HCPAC noted that the work RVU for this moderate complexity evaluation is comparable to the work RVU of 1.20 for the current physical therapy evaluation code. The HCPAC recommends pre-service evaluation time of 10 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes. The HCPAC noted that the immediate post-service time accurately accounts for the required documentation of body functions and structure measures, actual activity measures and societal function measures. The HCPAC compared the surveyed code to key reference services 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.93) and 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU =1.42) and determined that the surveyed code ranked appropriately between these two services. The HCPAC also referenced MPC codes 88361 *Morphometric analysis, tumor immunohistochemistry* (work RVU = 1.18 and 40 minutes intra-service time) and 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 and 20 minutes intra-service time). **The HCPAC recommends a work RVU of 1.18 for CPT code 97X62.**

97X63 Physical therapy evaluation; high complexity
The HCPAC reviewed the survey results from 135 physical therapists for CPT code 97X63 determined that the survey median work RVU of 1.50 appropriately accounts for the work required to perform this service. The HCPAC recommends pre-service evaluation time of 10 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes. The HCPAC noted that the immediate post-service time accurately accounts for the required documentation of body functions and structure measures, actual activity measures and societal function measures. The

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HCPAC compared the surveyed code to key reference services 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 1.42) and 92522 *Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)* (work RVU =1.50) and determined that the surveyed code ranked appropriately between these two services. The HCPAC also referenced MPC codes 92014 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (work 4RVU = 1.42 and 29 minutes intra-service time) and 95861*Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU = 1.54 and 29 minutes intra-service time).**The HCPAC recommends a work RVU of 1.50 for CPT code 97X63.**

97X64 Reevaluation of physical therapy established plan of care

The HCPAC reviewed the survey results from 134 physical therapists for CPT code 97X64 and determined that a work RVU of 0.75 appropriately accounts for the work required to perform this service. The HCPAC noted that the typical patients requiring a re-evaluation would have had an initial evaluation that was moderately complex or highly complex. The HCPAC recommends 5 minutes of pre-service evaluation time, 20 minutes intra-service time and 10 minutes immediate post-service time. APTA recommended and the HCPAC agreed that a crosswalk to CPT code 95992 *Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day* (work RVU 0.75 and 20 minutes intra-service time) was appropriate for this service requiring the same work and intra-service time. The HCPAC also noted that this physical therapy re-evaluation service was appropriately valued the same as the low intensity physical therapy evaluation code. The HCPAC compared the surveyed code to key reference services 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU = 0.48) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU =0.97) and determined that the surveyed code ranked appropriately between these two services. **The HCPAC recommends a work RVU of 0.75 for CPT code 97X64.**

CPT Code Descriptor

APTA confirmed that the physical therapist is face-to-face the entire service. The HCPAC recommends that CPT finalize the descriptors and insert the intra-service time for each physical evaluation service (20, 30 and 45 minutes) and 20 minutes for the physical therapy re-evaluation as the typical minutes spent with the patient and/or family.

Practice Expense

The HCPAC recommends the direct practice expense inputs without modifications as approved by the Practice Expense Subcommittee.

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Occupational Therapy Evaluation Services

The American Occupational Therapy Association (AOTA) surveyed three occupational therapy evaluation services (97X65-97X67) and the occupational therapy re-evaluation service (97618X).

Compelling Evidence

The AOTA presented compelling evidence that there is an anomalous relationship between occupational therapy services and the Evaluation and Management office visit codes. The HCPAC noted that the occupational therapy codes are not equivalent to the physician Evaluation and Management codes but have historically been used as a comparison. The occupational therapy codes previously have been valued at approximately 88% of Evaluation and Management services. However, currently the occupational therapy evaluation code 97003 (work RVU = 1.20) is 85% of a 99203 and the occupational therapy re-evaluation code 97004 (work RVU = 0.60) is 62% of a 99213 (work RVU = 0.97) due to the increase to the Evaluation and Management services over the last 20 years since the occupational therapy codes were established. **The HCPAC agreed that there was compelling evidence of an anomalous relationship between the code being valued and other codes.**

AOTA estimates the low intensity evaluations service will be reported 50 percent, the moderate intensity evaluations will be reported 40 percent and the high intensity evaluations will be reported 10 percent of the current utilization. Half of occupational therapy patients sustained injuries to the hands or wrists and which are categorized as low intensity.

97X65 Occupational therapy evaluation; low complexity

The HCPAC reviewed the survey results from 152 occupational therapists for CPT code 97X65 and determined that the work RVU of 0.88 below the survey median, appropriately accounts for the work required to perform this service. The HCPAC noted that the survey median was slightly high and therefore AOTA recommended a direct crosswalk to similar service CPT code 92002 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (work RVU = 0.88).The HCPAC recommends 5 minutes of pre-service evaluation time, 30 minutes intra-service time and 12 minutes immediate post-service time. AOTA indicated and the HCPAC agreed that the intra-service time for the occupational therapy evaluation services require more time than the physical therapy evaluation services because the occupational therapist spends more time observing and assessing physical and cognitive disabilities. The typical patient receiving occupational therapy is more complex and intense to treat because they typically have additional functional and cognitive disabilities. The HCPAC noted that the immediate post-service time is appropriate to account for the assessment and documentation of the functional and cognitive impairments that were not require more than two decades ago. The HCPAC compared the surveyed code to key reference services 99201 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.48) and 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU =0.93) and determined that the surveyed code ranked appropriately between these two services. **The HCPAC recommends a work RVU of 0.88 for CPT code 97X65.**

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97X66 Occupational therapy evaluation; moderate complexity
The HCPAC reviewed the survey results from 165 occupational therapists for CPT code 97X66 and determined that the current single code occupational therapy evaluation work RVU of 1.20 appropriately accounts for the work required to perform this service. The HCPAC noted that the survey median was slightly high and the 25th percentile was slightly low; therefore AOTA recommended maintaining the current work RVU of 1.20. The HCPAC recommends 10 minutes of pre-service evaluation time, 45 minutes intra-service time and 15 minutes immediate post-service time. AOTA indicated and the HCPAC agreed that the intra-service time for the occupational therapy evaluation services require more time than the physical therapy evaluation services because the occupational therapist spends more time observing and assessing physical and cognitive disabilities. The typical patient receiving occupational therapy is more complex and intense to treat because they typically have additional functional and cognitive disabilities. The HCPAC noted that the immediate post-service time is appropriate to account for the assessment and documentation of the functional and cognitive impairments that were not require more than two decades ago. The HCPAC compared the surveyed code to key reference services 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.93) and 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU =1.42) and determined that the surveyed code ranked appropriately between these two services. **The HCPAC recommends a work RVU of 1.20 for CPT code 97X66.**

97X67 Occupational therapy evaluation; high complexity
The HCPAC reviewed the survey results from 153 occupational therapists for CPT code 97X67 and determined that the work RVU of 1.70 below the survey median, appropriately accounts for the work required to perform this service. The HCPAC noted that the survey median was slightly high and therefore AOTA recommended a direct crosswalk to similar service CPT code 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* (work RVU = 1.70).The HCPAC recommends 10 minutes of pre-service evaluation time, 60 minutes intra-service time and 20 minutes immediate post-service time. The HCPAC noted that crosswalk code 96125 does not have comparable post time because the interpretation and report are included in the intra-service time whereas for occupational therapy evaluations it is included in the immediate-post service time. AOTA indicated and the HCPAC agreed that the intra-service time for the occupational therapy evaluation services require more time than the physical therapy evaluation services because the occupational therapist spends more time observing and assessing physical and cognitive disabilities. The typical patient receiving occupational therapy is more complex and intense to treat because they typically have additional functional and cognitive disabilities. The HCPAC noted that the immediate post-service time is appropriate to account for the assessment and documentation of the functional and cognitive impairments that were not require more than two decades ago. The HCPAC compared the surveyed code to key reference services 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 1.42) and 96111 *Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report* (work RVU =2.60) and determined that the surveyed code ranked appropriately between these two services. **The HCPAC recommends a work RVU of 1.70 for CPT code 97X67.**

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97X68 Reevaluation of occupational therapy care/established plan of care
The HCPAC reviewed the survey results from 158 occupational therapists for CPT code 97X68 and determined that the survey 25th percentile work RVU of 0.80 appropriately accounts for the work required to perform this service. The HCPAC recommends 5minutes of pre-service evaluation time, 30 minutes intra-service time and 10 minutes immediate post-service time. AOTA indicated and the HCPAC agreed that the intra-service time for the occupational therapy re-evaluation service requires more time than the physical therapy re-evaluation service because the occupational therapist spends more time observing and assessing physical and cognitive disabilities. The typical patient receiving occupational therapy is more complex and intense to treat because they typically have additional functional and cognitive disabilities. The HCPAC noted that the immediate post-service time is appropriate to account for the assessment and documentation of the functional and cognitive impairments that were not require more than two decades ago. The HCPAC compared the surveyed code to key reference services 99201 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU = 0.48) and 99202 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU =0.93) and determined that the surveyed code ranked appropriately between these two services. **The HCPAC recommends a work RVU of 0.80 for CPT code 97X68.**

CPT Code Descriptor
AOTA confirmed that the occupational therapist is face-to-face the entire service. The HCPAC recommends that CPT finalize the descriptors and insert the intra-service time for each physical evaluation service (30, 45 and 60 minutes) and 30 minutes for the occupational therapy re-evaluation service as the typical minutes spent with the patient and/or family.

Practice Expense
The HCPAC recommends the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.

CPT Code • **New** ▲ **Revision** **D Deletion,** **(e) Editorial** **(f) Code Family**	**Tracking Number**	**CPT Descriptor**	**Global Period**	**Work RVU Recommendation**
Codes ~~97001-9775~~97X61-97762 should be used to report each distinct procedure performed. Do not append modifier 51 to ~~97001-9775~~97X61-97762. The work of the physician or other qualified health care professional consists of face-to-face time with the patient (and caregiver, if applicable) delivering				

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skilled services. For the purpose of determining the total time of a service, incremental intervals of treatment at the same visit may be accumulated.

The meanings of terms in the Physical Medicine and Rehabilitation section are not the same as those in the Evaluation and Management Services section (99201-99350). Do not use the Definitions of Commonly Used Terms in the Evaluation and Management (E/M) Guidelines for Physical Medicine and Rehabilitation services.

(For muscle testing, range of joint motion, electromyography, see 95831 et seq)

(For biofeedback training by EMG, use 90901)

(For transcutaneous nerve stimulation on (TNS), use 64550)

Physical Therapy Evaluations

Physical therapy evaluations include a patient history and an examination with development of a plan of care, conducted by the physician or other qualified healthcare professional which is based on the composite of the patient's presentation.

Coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided consistent with the nature of the problem(s) and the needs of the patient, family, and/or other caregivers.

At a minimum, each of the following components noted in the code descriptors must be documented in order to report the selected level of physical therapy evaluation.

Physical therapy evaluations include the following components:

- History
- Examination
- Clinical decision making
- Development of plan of care

Report 97X64 for performance of patient reevaluation that is based on an established and ongoing plan of care.

Definitions

The level of the physical therapy evaluation performed is dependent on clinical decision-making and on the nature of the patient's condition (severity). For the purpose of reporting physical therapy evaluations, the body regions and body systems are defined as follows:

Body regions: head, neck, back, lower extremities, upper extremities, and trunk

Body Systems: musculoskeletal, neuromuscular, cardiovascular pulmonary, and integumentary

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A Review of Body Systems includes the following: • For the musculoskeletal system: the assessment of gross symmetry, gross range of motion, gross strength, height, and weight • For the neuromuscular system: a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning) • For the cardiovascular/pulmonary system: the assessment of heart rate, respiratory rate, blood pressure, and edema • For the integumentary system: the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity A review of any of the body systems also includes the assessment of the ability to make needs known, consciousness, orientation (person, place, and time), expected emotional/behavioral responses, and learning preferences (eg, learning barriers, education needs) ***Body Structures:*** The structural or anatomical parts of the body, such as organs, limbs, and their components, classified according to body systems. ***Personal Factors:*** Factors that include sex, age, coping styles, social background, education, profession, past and current experience, overall behavior pattern, character, and other factors that influence how disability is experienced by the individual. Personal factors that exist but do not impact the physical therapy plan of care are not to be considered when selecting a level of service.				
●97X61	HH1	Physical therapy evaluation: low complexity, requiring these components: • A history with no personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with stable and/or uncomplicated characteristics; and • Clinical decision making of low complexity using	XXX	0.75

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		standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.		
●97X62	HH2	Physical therapy evaluation: moderate complexity, requiring these components: • A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; • An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following body structures and functions, activity limitations, and/or participation restrictions; • An evolving clinical presentation with changing characteristics; and • Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	XXX	1.18

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●97X63	HH3	Physical therapy evaluation: high complexity, requiring these components: • A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; • An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with unstable and unpredictable characteristics; and • Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	XXX	1.50

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●97X64	HH4	Reevaluation of physical therapy established plan of care, requiring these components: • An examination including a review of history and use of standardized tests and measures is required; and • Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	XXX	0.75

Occupational Therapy Evaluations

Codes 97X65, 97X66, 97X67, 97X68 should be used to report occupational therapy evaluations. Occupational therapy evaluations include an occupational profile, medical and therapy history, relevant assessments, and development of a plan of care which reflects the therapist's clinical reasoning and interpretation of the data.

Coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided and documented consistent with the nature of the problem(s) and the needs of the patient, family and/or other caregivers.

At a minimum, each of the following components noted in the code descriptors must be documented in order to report the selected level of occupational therapy evaluation.

Occupational therapy evaluations include the following components:

- Occupational profile and client history (medical and therapy)
- Assessments of occupational performance
- Clinical decision making
- Development of plan of care

Report 97X68 for performance of a re-evaluation that is based on an established and ongoing plan of care.

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Definitions

The level of the occupational therapy evaluation performed is determined by patient condition, complexity of clinical decision-making, and the scope and nature of the patient's performance deficits relating to physical, cognitive, or psychosocial skills to be assessed. The patient's plan of treatment should reflect assessment of each of the identified performance deficits.

Performance Deficits: performance deficits refer to the inability to complete activities due to the lack of skills in one or more of the categories below (ie, relating to physical, cognitive, or psychosocial skills):

- ***Physical Skills:*** Physical skills refer to impairments of body structure or body function (eg, balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity)
- ***Cognitive Skills:*** Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when: (1) a person attend to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.
- ***Psychosocial Skills:*** Psychosocial skills refer to interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.

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●97X65	HH5	Occupational therapy evaluation, low complexity, requiring these components: • An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; • An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	XXX	0.88

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●97X66	HH6	Occupational therapy evaluation, moderate complexity, requiring these components: • An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; • An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	XXX	1.20

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●97X67	HH7	Occupational therapy evaluation, high complexity, requiring these components: • An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; • An assessment(s) that identify 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • A clinical decision-making is of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	XXX	1.70

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●97X68	HH8	Reevaluation of occupational therapy established plan of care, requiring these components: • An assessment of changes in patient functional or medical status with revised plan of care; • An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and • A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	XXX	0.80
~~D97001~~		~~Physical therapy evaluation~~	~~XXX~~	N/A
~~D97002~~		~~Physical therapy re-evaluation~~	~~XXX~~	N/A
~~D97003~~		~~Occupational therapy evaluation~~	~~XXX~~	N/A
~~97004~~		~~Occupational therapy re-evaluation~~	~~XXX~~	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X61 Tracking Number HH1 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Physical therapy evaluation: low complexity, requiring these components:

- A history with no personal factors and/or comorbidities that impact the plan of care;
- An examination of body system(s) using standardized tests and measures addressing 1-2 of any of the following: body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with stable and/or uncomplicated characteristics; and
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Physical therapy evaluation of a 45-year-old woman 2 weeks status post a grade 3 ankle sprain. She reports mild discomfort and stiffness in the ankle. She has no significant medical history and hopes to return to her job as a delivery person in 3-4 weeks. She ambulates with a cane for short distances on level surfaces and stairs.

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: Review medical record, intake forms (eg, patient questionnaires) and physician orders. Communicate with other health care professionals as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require physical therapy. The service description provided below describes the work for the 45-year-old woman described as a typical patient. Key to reporting 97161X is that clinical decision-making is of low complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.]

The medical history and medication history are reviewed. The patient self-reported and/or performance based measurement outcome tool is reviewed. An examination is performed to determine the degree of impairments, activity limitations, and

participation restrictions. This includes (but is not limited to) a review of systems, tests and measures (eg. range of motion, muscle strength, neurological status, limitations in gait mechanics and testing of functional walking speed and weight bearing status). Patient/family/caregiver questions are answered as appropriate throughout the evaluation. Interpretation of the patient's response to tests and measures is recorded to assist with development of a plan of care. Clinical decision-making is of low complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.

Description of Post-Service Work: Upon completion of the face-to-face encounter, the evaluation and examination results are reviewed and a plan of care is documented in the medical record. Functional reporting/quality measure documentation is completed. Verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals will occur as necessary until the next patient encounter.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Rick Rausch, PT		
Specialty(s):	APTA		
CPT Code:	97X61		
Sample Size:	6000	**Resp N:** 127	**Response:** 2.1 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	83.00	895.00
Survey RVW:	0.33	0.50	**0.75**	0.93	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:	10.00	18.00	**20.00**	30.00	55.00

Immediate Post Service-Time:	**12.00**	
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:	97X61	**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**	**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:	**12.00**	**0.00**	**12.00**

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
99201	XXX	0.48	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99202	XXX	0.93	**RUC Time**

CPT Descriptor 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.

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
93015	XXX	0.75	**RUC Time**	1,131,482

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	13,907

CPT Descriptor 2 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

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: 49 **% of respondents:** 38.5 **%**

Number of respondents who choose 2nd Key Reference Code: 48 **% of respondents:** 37.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X61	**Top Key Reference CPT Code:** 99201	**2nd Key Reference CPT Code:** **99202**
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	20.00	10.00	15.00
Median Immediate Post-service Time	12.00	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	**37.00**	**17.00**	**22.00**
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	0.02	-0.16
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.02	-0.14
Urgency of medical decision making	0.06	-0.37

Technical Skill/Physical Effort (Mean)

Technical skill required	0.06	0.02
Physical effort required	0.15	0.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.06	-0.37
Outcome depends on the skill and judgment of physician	0.10	0.08
Estimated risk of malpractice suit with poor outcome	0.04	-0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.38	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

The CPT Editorial Panel convened a Workgroup to address issues published in the proposed rule for the CY 2011 MPFS, which indicated a need for consideration of specification of patient severity and treatment outcomes when reporting therapy evaluation services. The Workgroup's charge was to assist the specialties that report these services to come forward with a comprehensive proposal to describe the services that would meet the concerns relayed in the rule. In February 2015, the CPT Editorial Panel approved deletion of evaluation and reevaluation codes for physical therapy (97001-97002). In concert, new codes were established to distinguish the work and levels of complexity for evaluation and reevaluation.

Compelling Evidence (CE) for 97161X-97164X

The APTA believes there is compelling evidence that the current work RVUs for physical therapy evaluation and reevaluation services are undervalued due to the types of patients that are being seen by physical therapists, earlier access to PT services, use of technology, and an increase in documentation requirements. We also believe there is an anomalous relationship between physical therapy services and the office visit codes.

CE 1. Anomalous Relationship

In the final rule for CY 1993, CMS responded to comments that physical therapists be allowed to bill for initial physical therapy evaluations and periodic reevaluations using the CPT codes for office consultations (99241-99245) and code 99499 (unlisted evaluation and management service). The commenters indicated that the initial physical therapy evaluation and the periodic reevaluation is a complex evaluation and management service and that neither the physical

medicine CPT codes nor the HCPCS alpha-numeric codes contain a suitable way of coding for these evaluations and that most carriers use local codes to pay for these services.

In response, CMS agreed that the initial physical therapy evaluation and periodic reevaluations are important services for which the fee schedule should present a uniform code and payment amount. However, they did not agree that physical therapy evaluations should be billed using the CPT E/M codes as they do not require the breadth of medical decision making that is customarily a part of the E/M services furnished by physicians, particularly the consultation codes. CMS did not believe the extent of the medical decision making was comparable and consequently paying them at the same level, would be inappropriate. However, CMS acknowledged the need for uniform national codes for physical therapy evaluation and reevaluation services. Therefore, for CY 1993, they established two new temporary HCPCS codes: Q0103 *Physical therapy evaluation, initial* and Q0104 *Physical therapy re-evaluation, periodic*.

CMS stated they established codes for these evaluations because, as the commenters indicated, some carriers were not paying for these services when covered, and carriers that were paying for these services were doing so under a variety of local codes and misused CPT or HCPCS codes. The work RVUs that CMS assigned set the payment for the initial physical therapy evaluation code (Q0103) at 1.03 or 87% of 99203 (new patient office visit) and the payment for the periodic physical therapy reevaluation code (Q0104) at 88 % of 99213 (established patient office visit).

1992 CMS Review			
CPT/HCPCS	work RVU	CPT/HCPCS	work RVU
Q0103	**1.03** 87% of 99203	**Q0104**	**0.52** 88% of 99213
99203	1.19	99213	0.59

For CPT 1998, two new Category I codes were approved to replace Q0103 and Q0104: 97001 *Physical therapy evaluation* and 97002 *Physical therapy re-evaluation*. The HCPAC accepted that the work for these codes had increased, commiserate with the increased work for 99203 and 99213, but they did not accept the APTA recommendations and instead recommended the survey 25th percentile work RVUs because these values were consistent with the initial relativity to the level 3 office visit E/M codes as assigned by CMS. The Agency agreed with these recommendations.

1997 HCPAC Review			
CPT	work RVU	CPT	work RVU
97001	**1.20** 89.5% of 99203	**97002**	**0.60** 89.5% of 99213
99203	1.34	99213	0.67

Since the 1997 HCPAC review, the work RVUs for 99203 and 99213 have increased due to increased complexity and intensity of work. This has resulted in a change in the relative relationship of work RVUs for 97001 and 97002.

CY 2015 work RVUs			
CPT	work RVU	CPT	work RVU
97001	**1.20** 84% of 99203	**97002**	**0.60** 62% of 99213
99203	1.42	99213	0.97

In summary, in 1993, when temporary HCPCS codes were established, CMS set the values relative to level 3 office visit codes. When Category I CPT codes were established, the HCPAC (and CMS) approved values relative to level 3 office visits. Since 1997, the work RVUs for the level 3 office visit codes have increased, but the work RVUs for 97001 and 97002 have not changed. **This has resulted in an anomalous relationship for these physical therapy evaluation and reevaluation codes.**

CE 2. Change in Work and Patient

Since the last HCPAC review in 1997, the work related to physical therapy evaluation and reevaluation has increased due to new mandatory requirements regarding performance and outcome measurement and quality reporting, a patient population that is diverse, living with more chronic comorbidities, accessing services earlier and, technology creating opportunity for additional types of treatment approaches. Moreover, there are increased documentation requirements, reflecting the emphasis on quality of care and outcomes focused management with increased accountability.

Increased documentation. The physical therapy evaluation and reevaluation services are very similar to certain levels of the E/M office visit codes. During the 2005 review of E/M services, the RUC accepted the argument that the Medicare E/M documentation guidelines in the late 1990's had increased documentation demands related to stand-alone E/M services and added to the physician work of E/M services relative to other services. The amount of work involved in documenting services in the medical record, for example, had increased dramatically. The emphasis of Medicare and other insurers on medical necessity has continued to grow. Similar to increased documentation required for E/M office visit services, the documentation for physical therapy evaluation and reevaluation services has increased. The 2015 Medicare Benefit Policy Manual, Chapter 15, describes (in detail) the documentation that is a necessary part of a physical therapy evaluation or reevaluation (please see attached excerpt from Section 220.3 of the manual). These extensive documentation requirements were implemented in 2005 and subsequently amended in 2008 (after the 1997 HCPAC review of 97001 and 97002). Specific policy, related to documentation of functional status, reporting treating diagnosis, contents of the plan of care, certification of the plan of care, progress reports, treatment notes, and discharge summaries are detailed in this chapter of the CMS benefit policy manual. The functional reporting requirement was a result of *The Middle Class Tax Relief and Job Creation Act of 2012*[1] and included a provision that mandated the collection of information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on the claim forms. The goal was to be able to the use the data in the future to reform payment policies. The FLR reporting program was implemented on July 1, 2013 and requires therapists to capture data on the patients functional limitations at the outset of the therapy episode (ie, as part of the evaluation), specified points during the episode and at discharge on the patient's functional status and projected goal. This is reporting that must be performed in conjunction with a patient visit and documented by the physical therapist with the support of various tools that include performing a standardized test and measure and/or based on patient inquiry through patient/therapist interview and interaction.

Change in knowledge/technology. There has been an increase in the complexity of data to be evaluated, requiring increased integration of much more information than 18 years ago when 97001 and 97002 were last reviewed. Over the course of the last 10 years the publication of clinical guidelines related to physical therapy evaluation and interventions has exponentially increased with new and updated documents being published annually or even more frequently. For example, more efficient and effective treatment of stroke has resulted in an increased survival rate. This has resulted in a greater demand for rehabilitation and patients being seen earlier in their recovery than in previous years. These patients are often presenting with an increased complexity in their plan for recovery due to their earlier access, co-morbidities, polypharmacy and social issues. Cancer research has also led to therapies that save lives, but increase the complexity of post-surgical/post-treatment therapy and recovery. With great thanks to the Department of Defense, research has resulted in significant advances in prosthetic limbs and bionic bodysuits that have required a physical therapist to understand these technologies and apply their evaluative skills and management of interventions to best meet their patients functional goals. Patients who live longer are more likely to suffer falls. Physical therapy is a foundation of falls management programs and often lead the interdisciplinary management of falls and fall prevention. Medicare is requiring greater attention to the management of dementia with non-pharmacological approaches. This has resulted in a greater demand for physical therapists to engage in the assessment and management of patients in various long term settings to insure patients are maintained at their highest level of functional abilities. More and more surgeries are being performed that utilize either the body's own tissues or implants that mimic the same, making the rehab process more critical due to timing of the care, dosage of the intensity of the care and education and training in ongoing management once the patient has reached their treatment goals or has had maximum benefit from their physical therapy care. These changes have increased the intraservice intensity and complexity and also the pre- and post-service time required for a plan of care or revised plan of care.

Change in patient. In todays environment, where the public is clamoring for information about, and access to, care and want it "on demand," physical therapists like other health care providers are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to the therapists practice but also creates a need for the therapist to be aware of the potential for care and for resources related to care. There is a much higher level of expectation placed on the

[1] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

therapists, their clinical decision making skills and their ability to effectively communicate the same to the patient/family/caregivers, referral sources, other healthcare providers and the third party payers verbally, in writing and through other media. As a result, the physical therapy evaluation today requires more time both in the preparation and in the execution of the key elements of the evaluation as well as in the follow-up to assure the patient has a clear understanding and is in agreement with the path to their return to function. With the advent of an increased ability for the public to access information well in front of their initial evaluation, as well as an increased focus by public and private payers on communication, education, and appropriate transitions of care, therapists must be more mindful of their patients expectations. In order to meet the challenges and responsibilities of being a practitioner today (versus 18 years ago), the therapist must be able to effectively examine the patient, evaluate the findings and communicate the best plan for managing the patient's complaints, functional impairments, access to resources, and return to function to multiple parties (patient, caregiver and payer) as well as report the projected and actual outcomes to the patient, caregiver, payer and other healthcare providers downstream.

Speaking to the complexity issue and how patients are presenting for their physical therapy care, according to the CDC, in 1994, almost all states had prevalence of obesity less than 18%. In 2000, only 13 states had a prevalence of less than 18%, and 11 states exceeded 22%. In 2013, no state had a prevalence of less than 18%; almost all states exceeded 22% and 38 of these states exceeded 26%.[2] Nationally, in 2013 more than one-third of the US population was overweight and 28 percent of the US population was obese.[3] These alarming statistics related to the incidence of obesity creates a host of other concerns in regards to patient's comorbidities (eg, Type II diabetes, COPD, hypertension, heart failure, and joint and spine degeneration). These comorbidities require more cognition and physical effort when evaluating patients.

Finally, age and disability go hand-in-hand with the demographics of our aging population. In 2010, more than two-thirds of Medicare beneficiaries had two or more chronic conditions, such as HTN, IHD, arthritis, diabetes, heart failure, chronic kidney disease, and depression.[4] According to census data, 98.2% of all people in their 90s who lived in a nursing home had a disability and/or condition that prevented them from taking care of themselves, and 80.8% of people in their 90s who did not live in a nursing home also had one or more disabilities. Overall, the proportion of people age 90 to 94 having disabilities is more than 13 percentage points higher than that of the 85-89-year-old age group.[5] These older patients present a special challenge to physical therapists because, in addition to physical disabilities, there is also often concurrent cognitive decline, polypharmacy, and complex psychosocial issues.

Increased documentation requirements, new requirements regarding reporting of functional limitations and outcomes, changes in knowledge/technology and patient population have resulted in undervaluation of physical therapy evaluation and reevaluation services.

Survey Process

A survey that included all four new physical therapy evaluation/reevaluation codes (97161X-97164X) was sent to a random sample of members in the APTA membership database.

Work RVU – 97161X

We recommend a work RVU of 0.75 for 97161X. This is the survey median.

Pre-Service Time

The survey respondents identified 5 minutes of pre-service time. Our expert panel agrees that 5 minutes appropriately reflects the volume and complexity of data to be reviewed for 97161X. Five minutes to review records/orders is consistent with many codes reviewed in the past three years, for example: CT (70460, 70487, 70488, 70496, 70498); MR (72141-72158); ultrasound (76641-76775); psychotherapy (90832, 90834,90837, 90847); EEG (95816-95819); Advance care planning (99497).

Post-Service Time

[2] http://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity94.pdf
[3] http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=94
[4] 2012 CMS Chartbook
[5] http://usgovinfo.about.com/od/healthcare/a/Living-Past-90-In-America.htm

The survey respondents identified 12 minutes of post-service time. Our expert panel agrees that 12 minutes appropriately reflects the time required after a physical therapy evaluation of low complexity to document a plan of care in the medical record, complete functional reporting/quality measure documentation, and provide verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals.

Key Reference Code Comparison

Code 97161X is related to a new patient, similar to key reference codes 99201 and 99202. Our expert panel agrees that the recommended work RVU of 0.75 is appropriately ranked between 99201 and 99202.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	0.48	0.032	17	2	10	5
97X61	Physical therapy evaluation: **low complexity**, requiring these components: • A history with no personal factors and/or comorbidities that impact the plan of care; • An examination of body system(s) using standardized tests and measures addressing 1-2 of any of the following: body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with stable and/or uncomplicated characteristics; and • Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, XXX minutes are spent with the patient and/or family.	0.75	0.018	37	5	20	12
99202	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. 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.	0.93	0.052	22	2	15	5

MPC Code Comparison

Both Key Reference codes 99201 and 99202 are MPC codes. Additional MPC codes that support the recommended work RVU of 0.75 are shown below.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
MPC 88305	Level IV - Surgical pathology, gross and microscopic examination	0.75	0.030	25	0	25	0
MPC 93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	0.75	0.031	26	2	20	4
97X61	Physical therapy evaluation: **low complexity**	0.75	0.018	37	5	20	12
MPC 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	0.77	0.019	37	10	20	7

Other Reference Codes

In addition to the key reference codes and MPC codes above, we believe the following additional reference codes that have been recently reviewed support a "relative" work RVU of 0.75 for 97161X.

RUC review	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
2013	**76770**	Us exam abdo back wall comp	0.74	0.052	20	5	10	5
2014	**93261**	Interrogate subq defib	0.74	0.019	35	10	15	10
2011	**78597**	Lung perfusion differential	0.75	0.053	20	5	10	5
	97X61	PT Low Complexity Evaluation	0.75	0.018	37	5	20	12
2007	**98968**	Hc pro phone call 21-30 min	0.75	0.020	36	1	25	10
2010	**94660**	Pos airway pressure cpap	0.76	0.016	40	10	20	10
2014	**88344**	Immunohisto antibody slide	0.77	0.022	35	0	35	0
2014	**95971**	Analyze neurostim simple	0.78	0.024	33	8	20	5
2012	**92235**	Eye exam with photos	0.81	0.042	23	3	15	5

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) Multiple codes allow correct reporting when services are performed

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 Medicare beneficiary 5% file indicates code 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) is reported more than 50% of the time with code 97001. Code 97001 has been revised to three codes based on patient complexity. Our expert panel agrees that 97110 may follow 97161X more than 97162X or 97163X based on the amount of time and patient effort involved in each of these evaluations. However, the patient presentation will also factor into the decision to provide one-on-one therapeutic exercises. For example, independent of complexity, a patient who very recently had surgery, may not be ready to engage in therapeutic exercises. With respect to provider work, when 97110 was reviewed, the HCPAC reduced the survey pre-time and agreed that one minute of pre-service time for 97110 reflected non-overlapping time with other services that may be performed on the same date. With respect to the evaluation/reevaluation codes, Medicare requires that the physical therapist document the care plan prior to initiating treatment. The PT would not begin requesting set up or talk to the patient about what therapeutic exercises will occur until after eval/reeval documentation is complete. In addition, the HCPAC reduced the survey post-time to two minutes for separate documentation and home care instructions related to the therapeutic exercise intervention. The HCPAC agreed that these two minutes would not overlap with the post-service time of other codes, including physical therapy evaluation because initiation of one-on-one exercise activities with the patient cannot begin until care plan documentation is complete.Separately, we note that 97110 is subject to multiple procedure reduction for practice expense.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97001

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 therapy 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 frequency 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?
576,909 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate 25% of the utilization for deleted code 97001 using 2014e RUC database utilization.

Specialty physical therapy Frequency 575000 Percentage 99.66 %

Specialty Frequency Percentage %

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:
Evaluation Management

BETOS Sub-classification:
Specialist

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. 97001

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X62 Tracking Number HH2 Original Specialty Recommended RVU: **1.18**
Presented Recommended RVU: **1.18**
Global Period: XXX RUC Recommended RVU: **1.18**

CPT Descriptor: Physical therapy evaluation: moderate complexity, requiring these components:

- A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures in addressing 3 of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- An evolving clinical presentation with changing characteristics; and
- Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Physical therapy evaluation of a 74-year-old man status post open reduction and internal fixation of his right fractured hip. He complains of moderate pain and swelling. Medical history includes a clotting disorder controlled by anti-coagulant therapy. He has a 25-year smoking history. He is non-weight bearing on his right lower extremity and uses a rolling walker on level surfaces. He is unable to use stairs, squat, or drive and has difficulty getting in and out of cars and chairs.

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: Review medical record, intake forms (eg, patient questionnaires) and physician orders. Communicate with other health care providers as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require physical therapy. The service description provided below describes the work for the 74-year-old man described as a typical patient. Key to reporting 97162X is that clinical decision-making is of moderate complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.]

The medical history and medication history are reviewed. The patient self-reported and/or performance based measurement outcome tool is reviewed. An examination is performed to determine the degree of impairments, activity limitations, and participation restrictions. This includes (but is not limited to) a review of systems, tests and measures (eg, range of motion, muscle strength, neurological status, limitations in gait mechanics, testing of functional walking speed, stair safety, appropriate use of assistive devices, posture assessment, and cardiopulmonary changes). Patient/family/caregiver questions are answered as appropriate throughout the evaluation. Interpretation of the patient's response to tests and measures are recorded to assist with development of a plan of care. Clinical decision making is of moderate complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.

Description of Post-Service Work: Upon completion of the face-to-face encounter, the evaluation and examination results are reviewed and a plan of care is documented in the medical record. Functional reporting/quality measure documentation is completed. Verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals will occur as necessary until the next patient encounter.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Rick Rausch, PT		
Specialty(s):	APTA		
CPT Code:	97X62		
Sample Size:	6000	**Resp N:** 136	**Response:** 2.2 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**52.00**	150.00	2910.00
Survey RVW:	0.48	0.95	**1.18**	1.42	8.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	25.00	**30.00**	45.00	65.00

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:	97X62	**Recommended Physician Work RVU: 1.18**		
		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:		**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? 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
99202	XXX	0.93	**RUC Time**

CPT Descriptor 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.

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
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
95805	XXX	1.20	**RUC Time**	4,573

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: 60 **% of respondents:** 44.1 **%**

Number of respondents who choose 2nd Key Reference Code: 59 **% of respondents:** 43.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X62	**Top Key Reference CPT Code:** 99202	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	10.00	2.00	4.00
Median Intra-Service Time	30.00	15.00	20.00
Median Immediate Post-service Time	15.00	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	**55.00**	**22.00**	**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	0.43	0.39
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.45	0.44
Urgency of medical decision making	0.18	0.14

Technical Skill/Physical Effort (Mean)

Technical skill required	0.45	0.56
Physical effort required	0.50	0.66

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.07	0.24
Outcome depends on the skill and judgment of physician	0.57	0.59
Estimated risk of malpractice suit with poor outcome	0.00	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.68	0.53

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.

Background

The CPT Editorial Panel convened a Workgroup to address issues published in the proposed rule for the CY 2011 MPFS, which indicated a need for consideration of specification of patient severity and treatment outcomes when reporting therapy evaluation services. The Workgroup's charge was to assist the specialties that report these services to come forward with a comprehensive proposal to describe the services that would meet the concerns relayed in the rule. In February 2015, the CPT Editorial Panel approved deletion of evaluation and reevaluation codes for physical therapy (97001-97002). In concert, new codes were established to distinguish the work and levels of complexity for evaluation and reevaluation.

Compelling Evidence (CE) for 97161X-97164X

The APTA believes there is compelling evidence that the current work RVUs for physical therapy evaluation and reevaluation services are undervalued due to the types of patients that are being seen by physical therapists, earlier access to PT services, use of technology, and an increase in documentation requirements. We also believe there is an anomalous relationship between physical therapy services and the office visit codes.

CE 1. Anomalous Relationship

In the final rule for CY 1993, CMS responded to comments that physical therapists be allowed to bill for initial physical therapy evaluations and periodic reevaluations using the CPT codes for office consultations (99241-99245) and code 99499 (unlisted evaluation and management service). The commenters indicated that the initial physical therapy evaluation and the periodic reevaluation is a complex evaluation and management service and that neither the physical medicine CPT codes nor the HCPCS alpha-numeric codes contain a suitable way of coding for these evaluations and that most carriers use local codes to pay for these services.

In response, CMS agreed that the initial physical therapy evaluation and periodic reevaluations are important services for which the fee schedule should present a uniform code and payment amount. However, they did not agree that physical therapy evaluations should be billed using the CPT E/M codes as they do not require the breadth of medical decision making that is customarily a part of the E/M services furnished by physicians, particularly the consultation codes. CMS did not believe the extent of the medical decision making was comparable and consequently paying them at the same level, would be inappropriate. However, CMS acknowledged the need for uniform national codes for physical therapy evaluation and reevaluation services. Therefore, for CY 1993, they established two new temporary HCPCS codes: Q0103 *Physical therapy evaluation, initial* and Q0104 *Physical therapy re-evaluation, periodic*.

CMS stated they established codes for these evaluations because, as the commenters indicated, some carriers were not paying for these services when covered, and carriers that were paying for these services were doing so under a variety of local codes and misused CPT or HCPCS codes. The work RVUs that CMS assigned set the payment for the initial physical therapy evaluation code (Q0103) at 1.03 or 87% of 99203 (new patient office visit) and the payment for the periodic physical therapy reevaluation code (Q0104) at 88 % of 99213 (established patient office visit).

1992 CMS Review			
CPT/HCPCS	work RVU	CPT/HCPCS	work RVU
Q0103	**1.03** 87% of 99203	**Q0104**	**0.52** 88% of 99213
99203	1.19	99213	0.59

For CPT 1998, two new Category I codes were approved to replace Q0103 and Q0104: 97001 *Physical therapy evaluation* and 97002 *Physical therapy re-evaluation*. The HCPAC accepted that the work for these codes had increased, commiserate with the increased work for 99203 and 99213, but they did not accept the APTA recommendations and instead recommended the survey 25th percentile work RVUs because these values were consistent with the initial relativity to the level 3 office visit E/M codes as assigned by CMS. The Agency agreed with these recommendations.

1997 HCPAC Review			
CPT	work RVU	CPT	work RVU
97001	**1.20** 89.5% of 99203	**97002**	**0.60** 89.5% of 99213
99203	1.34	99213	0.67

Since the 1997 HCPAC review, the work RVUs for 99203 and 99213 have increased due to increased complexity and intensity of work. This has resulted in a change in the relative relationship of work RVUs for 97001 and 97002.

CY 2015 work RVUs			
CPT	work RVU	CPT	work RVU
97001	**1.20** 84% of 99203	**97002**	**0.60** 62% of 99213
99203	1.42	99213	0.97

In summary, in 1993, when temporary HCPCS codes were established, CMS set the values relative to level 3 office visit codes. When Category I CPT codes were established, the HCPAC (and CMS) approved values relative to level 3 office visits. Since 1997, the work RVUs for the level 3 office visit codes have increased, but the work RVUs for 97001 and 97002 have not changed. **This has resulted in an anomalous relationship for these physical therapy evaluation and reevaluation codes.**

CE 2. Change in Work and Patient

Since the last HCPAC review in 1997, the work related to physical therapy evaluation and reevaluation has increased due to new mandatory requirements regarding performance and outcome measurement and quality reporting, a patient population that is diverse, living with more chronic comorbidities, accessing services earlier and, technology creating opportunity for additional types of treatment approaches. Moreover, there are increased documentation requirements, reflecting the emphasis on quality of care and outcomes focused management with increased accountability.

Increased documentation. The physical therapy evaluation and reevaluation services are very similar to certain levels of the E/M office visit codes. During the 2005 review of E/M services, the RUC accepted the argument that the Medicare E/M documentation guidelines in the late 1990's had increased documentation demands related to stand-alone E/M services and added to the physician work of E/M services relative to other services. The amount of work involved in documenting services in the medical record, for example, had increased dramatically. The emphasis of Medicare and other insurers on medical necessity has continued to grow. Similar to increased documentation required for E/M office visit services, the documentation for physical therapy evaluation and reevaluation services has increased. The 2015 Medicare Benefit Policy Manual, Chapter 15, describes (in detail) the documentation that is a necessary part of a physical therapy evaluation or reevaluation (please see attached excerpt from Section 220.3 of the manual). These extensive documentation requirements were implemented in 2005 and subsequently amended in 2008 (after the 1997 HCPAC review of 97001 and 97002). Specific policy, related to documentation of functional status, reporting treating diagnosis, contents of the plan of care, certification of the plan of care, progress reports, treatment notes, and discharge summaries are detailed in this chapter of the CMS benefit policy manual. The functional reporting requirement was a result of *The Middle Class Tax Relief and Job Creation Act of 2012*[1] and included a provision that mandated the collection of information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on the claim forms. The goal was to be able to the use the data in the future to reform payment policies. The FLR reporting program was implemented on July 1, 2013 and requires therapists to capture data on the patients functional limitations at the outset of the therapy episode (ie, as part of the evaluation), specified points during the episode and at discharge on the patient's functional status and projected goal. This is reporting that must be performed in conjunction with a patient visit and documented by the physical therapist with the support of various tools that include performing a standardized test and measure and/or based on patient inquiry through patient/therapist interview and interaction.

Change in knowledge/technology. There has been an increase in the complexity of data to be evaluated, requiring increased integration of much more information than 18 years ago when 97001 and 97002 were last reviewed. Over the course of the last 10 years the publication of clinical guidelines related to physical therapy evaluation and interventions has exponentially increased with new and updated documents being published annually or even more frequently. For example, more efficient and effective treatment of stroke has resulted in an increased survival rate. This has resulted in a greater demand for rehabilitation and patients being seen earlier in their recovery than in previous years. These patients are often presenting with an increased complexity in their plan for recovery due to their earlier access, co-morbidities, polypharmacy and social issues. Cancer research has also led to therapies that save lives, but increase the complexity of post-surgical/post-treatment therapy and recovery. With great thanks to the Department of Defense, research has resulted in significant advances in prosthetic limbs and bionic bodysuits that have required a physical therapist to understand these technologies and apply their evaluative skills and management of interventions to best meet their patients functional goals. Patients who live longer are more likely to suffer falls. Physical therapy is a foundation of falls management programs and often lead the interdisciplinary management of falls and fall prevention. Medicare is requiring greater attention to the management of dementia with non-pharmacological approaches. This has resulted in a greater demand for physical therapists to engage in the assessment and management of patients in various long term settings to insure patients are maintained at their highest level of functional abilities. More and more surgeries are being performed that utilize either the body's own tissues or implants that mimic the same, making the rehab process more critical due to timing of the care, dosage of the intensity of the care and education and training in ongoing management once the patient has reached their treatment goals or has had maximum benefit from their physical therapy care. These changes have increased the intraservice intensity and complexity and also the pre- and post-service time required for a plan of care or revised plan of care.

Change in patient. In todays environment, where the public is clamoring for information about, and access to, care and want it "on demand," physical therapists like other health care providers are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to the therapists practice but also creates a need for the therapist to be aware of the potential for care and for resources related to care. There is a much higher level of expectation placed on the therapists, their clinical decision making skills and their ability to effectively communicate the same to the

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[1] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

patient/family/caregivers, referral sources, other healthcare providers and the third party payers verbally, in writing and through other media. As a result, the physical therapy evaluation today requires more time both in the preparation and in the execution of the key elements of the evaluation as well as in the follow-up to assure the patient has a clear understanding and is in agreement with the path to their return to function. With the advent of an increased ability for the public to access information well in front of their initial evaluation, as well as an increased focus by public and private payers on communication, education, and appropriate transitions of care, therapists must be more mindful of their patients expectations. In order to meet the challenges and responsibilities of being a practitioner today (versus 18 years ago), the therapist must be able to effectively examine the patient, evaluate the findings and communicate the best plan for managing the patient's complaints, functional impairments, access to resources, and return to function to multiple parties (patient, caregiver and payer) as well as report the projected and actual outcomes to the patient, caregiver, payer and other healthcare providers downstream.

Speaking to the complexity issue and how patients are presenting for their physical therapy care, according to the CDC, in 1994, almost all states had prevalence of obesity less than 18%. In 2000, only 13 states had a prevalence of less than 18%, and 11 states exceeded 22%. In 2013, no state had a prevalence of less than 18%; almost all states exceeded 22% and 38 of these states exceeded 26%.[2] Nationally, in 2013 more than one-third of the US population was overweight and 28 percent of the US population was obese.[3] These alarming statistics related to the incidence of obesity creates a host of other concerns in regards to patient's comorbidities (eg, Type II diabetes, COPD, hypertension, heart failure, and joint and spine degeneration). These comorbidities require more cognition and physical effort when evaluating patients.

Finally, age and disability go hand-in-hand with the demographics of our aging population. In 2010, more than two-thirds of Medicare beneficiaries had two or more chronic conditions, such as HTN, IHD, arthritis, diabetes, heart failure, chronic kidney disease, and depression.[4] According to census data, 98.2% of all people in their 90s who lived in a nursing home had a disability and/or condition that prevented them from taking care of themselves, and 80.8% of people in their 90s who did not live in a nursing home also had one or more disabilities. Overall, the proportion of people age 90 to 94 having disabilities is more than 13 percentage points higher than that of the 85-89-year-old age group.[5] These older patients present a special challenge to physical therapists because, in addition to physical disabilities, there is also often concurrent cognitive decline, polypharmacy, and complex psychosocial issues.

Increased documentation requirements, new requirements regarding reporting of functional limitations and outcomes, changes in knowledge/technology and patient population have resulted in undervaluation of physical therapy evaluation and reevaluation services.

Survey Process

A survey that included all four new physical therapy evaluation/reevaluation codes (97161X-97164X) was sent to a random sample of members in the APTA membership database.

Work RVU – 97162X

We recommend a work RVU of 1.18 for 97162X. This is the survey median.

Pre-Service Time

The survey respondents identified 10 minutes of pre-service time. Our expert panel agrees that 10 minutes appropriately reflects the volume and complexity of data to be reviewed for 97162X. Ten minutes to review records/orders is consistent with many codes reviewed in the past three years, for example: psych diagnostic evaluation (90791-90792); fitting contact lens (92072); evaluation for speech/nonspeech device (92605-92606); programming/evaluation of programmable pump (93260-93261): CPAP initiation (94660); muscle testing (95860-95870); nerve studies (95907-95909); and initial preventative care visit (99385-99387).

Post-Service Time

[2] http://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity94.pdf
[3] http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=94
[4] 2012 CMS Chartbook
[5] http://usgovinfo.about.com/od/healthcare/a/Living-Past-90-In-America.htm

The survey respondents identified 15 minutes of post-service time. Our expert panel agrees that 15 minutes appropriately reflects the time required after a physical therapy evaluation of moderate complexity to document a plan of care in the medical record, complete functional reporting/quality measure documentation, and provide verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals.

Key Reference Code Comparison

Code 97162X is related to a new patient, similar to key reference codes 99202 and 99203. Our expert panel agrees that the recommended work RVU of 1.18 is appropriately ranked between 99202 and 99203.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
99202	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. 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.	0.93	0.052	22	2	15	5
97X62	Physical therapy evaluation: **moderate complexity**, requiring these components: • A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; • An examination of body systems using standardized tests and measures in addressing 3 of any of the following body structures and functions, activity limitations, and/or participation restrictions; • An evolving clinical presentation with changing characteristics; and • Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, XXX minutes are spent with the patient and/or family.	1.18	0.021	55	10	30	15
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. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	1.42	0.061	29	4	20	5

MPC Code Comparison

Both Key Reference codes 99202 and 99203 are MPC codes. Additional MPC codes that support the recommended work RVU of 1.18 are shown below.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
MPC 99308	Subsequent nursing facility care, per day, for the evaluation and management of a 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. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	1.16	0.053	31	7	15	9
MPC 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	1.18	0.030	40	0	40	0
97X62	Physical therapy evaluation: **moderate complexity**	1.18	0.021	55	10	30	15
MPC 95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	1.20	0.026	50	15	20	15

Other Reference Codes

In addition to the key reference codes and MPC codes above, we believe the following additional reference codes that have been recently reviewed support a "relative" work RVU of 1.18 for 97162X.

RUC review	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
2014	**70487**	Ct maxillofacial w/dye	1.13	0.076	22	5	12	5
2014	**93975**	Vascular study	1.16	0.047	30	5	20	5
2012	**95868**	Muscle test cran nerve bilat	1.18	0.037	40	10	20	10
	97X62	PT Moderate Complexity Evaluation	1.18	0.021	55	10	30	15
2010	**88331**	Path consult intraop 1 bloc	1.19	0.048	25		25	
2012	**78071**	Parathyrd planar w/wo subtrj	1.20	0.065	25	5	15	5

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) Multiple codes allow correct reporting when services are performed

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 Medicare beneficiary 5% file indicates code 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) is reported more than 50% of the time with code 97001. Code 97001 has been revised to three codes based on patient complexity. Our expert panel agrees that 97110 may follow 97161X more than 97162X or 97163X based on the amount of time and patient effort involved in each of these evaluations. However, the patient presentation will also factor into the decision to provide one-on-one therapeutic exercises. For example, independent of complexity, a patient who very recently had surgery, may not be ready to engage in therapeutic exercises. With respect to provider work, when 97110 was reviewed, the HCPAC reduced the survey pre-time and agreed that one minute of pre-service time for 97110 reflected non-overlapping time with other services that may be performed on the same date. With respect to the evaluation/reevaluation codes, Medicare requires that the physical therapist document the care plan prior to initiating treatment. The PT would not begin requesting set up or talk to the patient about what therapeutic exercises will occur until after eval/reeval documentation is complete. In addition, the HCPAC reduced the survey post-time to two minutes for separate documentation and home care instructions related to the therapeutic exercise intervention. The HCPAC agreed that these two minutes would not overlap with the post-service time of other codes, including physical therapy evaluation because initiation of one-on-one exercise activities with the patient cannot begin until care plan documentation is complete.Separately, we note that 97110 is subject to multiple procedure reduction for practice expense.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97001

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 therapy 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 frequency 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?
1,153,819 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate 50% of the utilization for deleted code 97001 using 2014e RUC database utilization.

Specialty physical therapy Frequency 1150000 Percentage 99.66 %

Specialty Frequency Percentage %

Specialty Frequency 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:
Evaluation Management

BETOS Sub-classification:
Specialist

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. 97001

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X63 Tracking Number HH3 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Physical therapy evaluation: high complexity, requiring these components:

- A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures addressing 4 or more of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with unstable and unpredictable characteristics; and
- Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Physical therapy evaluation of a 58-year-old male for problems resulting from a fall 4 weeks ago. The patient fell and hit his head. He has memory loss related to the fall and since the fall, he has experienced weakness and paresthesia in the arm and hand and complains of tinnitus. He has limited his activity level to avoid falls and to compensate for the upper extremity weakness. Medical history includes poorly controlled diabetes, congestive heart failure, and hypertension. He has a sedentary lifestyle and poor compliance with medications. He reports dropping objects and has difficulty with dressing, personal hygiene, and performing light household chores.

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: Review medical record, intake forms (eg, patient questionnaires) and physician orders. Communicate with other health care providers as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require physical therapy. The service description provided below describes the work for the 58-year-old man described as a typical patient. Key to reporting 97163X is that clinical decision making is of high complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.]

The medical history and medication history are reviewed. The patient self-reported and/or performance based measurement outcome tool is reviewed. An examination is performed to determine the degree of impairments, activity limitations, and participation restrictions. This includes (but is not limited to) a review of systems, tests and measures. Tests and measures of impairments that are performed include: neuromuscular status (eg, muscle tone, myotomes, dermatomes, reflexes); the peripheral nerve root system (eg, thoracic outlet, brachial plexus, cervical nerve root symptoms); the musculoskeletal system: (eg, range of motion, muscle strength, accessory joint mobility of the cervical thoracic outlet region); cardiovascular signs and symptoms in response to increased oxygen demand with exercise or activity, including observational changes (color, diaphoresis); heart rate, rhythm, and sounds; symptomatic vascular responses (eg, angina, claudication, and exertion scales) and cognition status. Patient/family/caregiver questions are answered as appropriate throughout the evaluation. Interpretation of the patient's response to tests and measures are recorded to assist with development of a plan of care. Clinical decision making is of high complexity consistent with the composite of the patient presentation and evaluation criteria in the code descriptor.

Description of Post-Service Work: Upon completion of the face-to-face encounter, the evaluation and examination results are reviewed and a plan of care is documented in the medical record. Functional reporting/quality measure documentation is completed. Verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals will occur as necessary until the next patient encounter.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Rick Rausch, PT		
Specialty(s):	APTA		
CPT Code:	97X63		
Sample Size:	6000	**Resp N:** 135	**Response:** 2.2 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	93.00	672.00
Survey RVW:	0.80	1.42	**1.50**	1.65	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:	20.00	35.00	**45.00**	55.00	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)

XXX Global Code

CPT Code:	97X63	**Recommended Physician Work RVU: 1.50**		
		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:		**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:	**20.00**	**0.00**	**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 **0.0** 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
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92522	XXX	1.50	**RUC Time**

CPT Descriptor Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);

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
92014	XXX	1.42	**RUC Time**	11,753,599

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	33,081

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

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: 111 **% of respondents:** 82.2 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 8.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X63	**Top Key Reference CPT Code:** 99203	**2nd Key Reference CPT Code:** **92522**
Median Pre-Service Time	10.00	4.00	5.00
Median Intra-Service Time	45.00	20.00	60.00
Median Immediate Post-service Time	20.00	5.00	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	**75.00**	**29.00**	**85.00**
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	1.00	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.55	0.27
Urgency of medical decision making	0.91	0.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.27	0.18
Physical effort required	0.73	1.01

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.99	0.77
Outcome depends on the skill and judgment of physician	0.94	0.99
Estimated risk of malpractice suit with poor outcome	0.59	1.01

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.50	1.15

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

The CPT Editorial Panel convened a Workgroup to address issues published in the proposed rule for the CY 2011 MPFS, which indicated a need for consideration of specification of patient severity and treatment outcomes when reporting therapy evaluation services. The Workgroup's charge was to assist the specialties that report these services to come forward with a comprehensive proposal to describe the services that would meet the concerns relayed in the rule. In February 2015, the CPT Editorial Panel approved deletion of evaluation and reevaluation codes for physical therapy (97001-97002). In concert, new codes were established to distinguish the work and levels of complexity for evaluation and reevaluation.

Compelling Evidence (CE) for 97161X-97164X

The APTA believes there is compelling evidence that the current work RVUs for physical therapy evaluation and reevaluation services are undervalued due to the types of patients that are being seen by physical therapists, earlier access to PT services, use of technology, and an increase in documentation requirements. We also believe there is an anomalous relationship between physical therapy services and the office visit codes.

CE 1. Anomalous Relationship

In the final rule for CY 1993, CMS responded to comments that physical therapists be allowed to bill for initial physical therapy evaluations and periodic reevaluations using the CPT codes for office consultations (99241-99245) and code 99499 (unlisted evaluation and management service). The commenters indicated that the initial physical therapy evaluation and the periodic reevaluation is a complex evaluation and management service and that neither the physical medicine CPT codes nor the HCPCS alpha-numeric codes contain a suitable way of coding for these evaluations and that most carriers use local codes to pay for these services.

In response, CMS agreed that the initial physical therapy evaluation and periodic reevaluations are important services for which the fee schedule should present a uniform code and payment amount. However, they did not agree that physical therapy evaluations should be billed using the CPT E/M codes as they do not require the breadth of medical decision making that is customarily a part of the E/M services furnished by physicians, particularly the consultation codes. CMS did not believe the extent of the medical decision making was comparable and consequently paying them at

the same level, would be inappropriate. However, CMS acknowledged the need for uniform national codes for physical therapy evaluation and reevaluation services. Therefore, for CY 1993, they established two new temporary HCPCS codes: Q0103 *Physical therapy evaluation, initial* and Q0104 *Physical therapy re-evaluation, periodic*.

CMS stated they established codes for these evaluations because, as the commenters indicated, some carriers were not paying for these services when covered, and carriers that were paying for these services were doing so under a variety of local codes and misused CPT or HCPCS codes. The work RVUs that CMS assigned set the payment for the initial physical therapy evaluation code (Q0103) at 1.03 or 87% of 99203 (new patient office visit) and the payment for the periodic physical therapy reevaluation code (Q0104) at 0.52 or 88 % of 99213 (established patient office visit).

1992 CMS Review			
CPT/HCPCS	work RVU	CPT/HCPCS	work RVU
Q0103	**1.03** 87% of 99203	**Q0104**	**0.52** 88% of 99213
99203	1.19	99213	0.59

For CPT 1998, two new Category I codes were approved to replace Q0103 and Q0104: 97001 *Physical therapy evaluation* and 97002 *Physical therapy re-evaluation*. The HCPAC accepted that the work for these codes had increased, commiserate with the increased work for 99203 and 99213, but they did not accept the APTA recommendations and instead recommended the survey 25th percentile work RVUs because these values were consistent with the initial relativity to the level 3 office visit E/M codes as assigned by CMS. The Agency agreed with these recommendations.

1997 HCPAC Review			
CPT	work RVU	CPT	work RVU
97001	**1.20** 89.5% of 99203	**97002**	**0.60** 89.5% of 99213
99203	1.34	99213	0.67

Since the 1997 HCPAC review, the work RVUs for 99203 and 99213 have increased due to increased complexity and intensity of work. This has resulted in a change in the relative relationship of work RVUs for 97001 and 97002.

CY 2015 work RVUs			
CPT	work RVU	CPT	work RVU
97001	**1.20** 84% of 99203	**97002**	**0.60** 62% of 99213
99203	1.42	99213	0.97

In summary, in 1993, when temporary HCPCS codes were established, CMS set the values relative to level 3 office visit codes. When Category I CPT codes were established, the HCPAC (and CMS) approved values relative to level 3 office visits. Since 1997, the work RVUs for the level 3 office visit codes have increased, but the work RVUs for 97001 and 97002 have not changed. **This has resulted in an anomalous relationship for these physical therapy evaluation and reevaluation codes.**

CE 2. Change in Work and Patient

Since the last HCPAC review in 1997, the work related to physical therapy evaluation and reevaluation has increased due to new mandatory requirements regarding performance and outcome measurement and quality reporting, a patient population that is diverse, living with more chronic comorbidities, accessing services earlier and, technology creating opportunity for additional types of treatment approaches. Moreover, there are increased documentation requirements, reflecting the emphasis on quality of care and outcomes focused management with increased accountability.

Increased documentation. The physical therapy evaluation and reevaluation services are very similar to certain levels of the E/M office visit codes. During the 2005 review of E/M services, the RUC accepted the argument that the Medicare E/M documentation guidelines in the late 1990's had increased documentation demands related to stand-alone E/M services and added to the physician work of E/M services relative to other services. The amount of work involved in documenting services in the medical record, for example, had increased dramatically. The emphasis of Medicare and other insurers on medical necessity has continued to grow. Similar to increased documentation required for E/M office visit services, the documentation for physical therapy evaluation and reevaluation services has increased. The 2015

Medicare Benefit Policy Manual, Chapter 15, describes (in detail) the documentation that is a necessary part of a physical therapy evaluation or reevaluation (please see attached excerpt from Section 220.3 of the manual). These extensive documentation requirements were implemented in 2005 and subsequently amended in 2008 (after the 1997 HCPAC review of 97001 and 97002). Specific policy, related to documentation of functional status, reporting treating diagnosis, contents of the plan of care, certification of the plan of care, progress reports, treatment notes, and discharge summaries are detailed in this chapter of the CMS benefit policy manual. The functional reporting requirement was a result of *The Middle Class Tax Relief and Job Creation Act of 2012*[1] and included a provision that mandated the collection of information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on the claim forms. The goal was to be able to the use the data in the future to reform payment policies. The FLR reporting program was implemented on July 1, 2013 and requires therapists to capture data on the patients functional limitations at the outset of the therapy episode (ie, as part of the evaluation), specified points during the episode and at discharge on the patient's functional status and projected goal. This is reporting that must be performed in conjunction with a patient visit and documented by the physical therapist with the support of various tools that include performing a standardized test and measure and/or based on patient inquiry through patient/therapist interview and interaction.

Change in knowledge/technology. There has been an increase in the complexity of data to be evaluated, requiring increased integration of much more information than 18 years ago when 97001 and 97002 were last reviewed. Over the course of the last 10 years the publication of clinical guidelines related to physical therapy evaluation and interventions has exponentially increased with new and updated documents being published annually or even more frequently. For example, more efficient and effective treatment of stroke has resulted in an increased survival rate. This has resulted in a greater demand for rehabilitation and patients being seen earlier in their recovery than in previous years. These patients are often presenting with an increased complexity in their plan for recovery due to their earlier access, co-morbidities, polypharmacy and social issues. Cancer research has also led to therapies that save lives, but increase the complexity of post-surgical/post-treatment therapy and recovery. With great thanks to the Department of Defense, research has resulted in significant advances in prosthetic limbs and bionic bodysuits that have required a physical therapist to understand these technologies and apply their evaluative skills and management of interventions to best meet their patients functional goals. Patients who live longer are more likely to suffer falls. Physical therapy is a foundation of falls management programs and physical therapists often lead the interdisciplinary management of falls and fall prevention. Medicare is requiring greater attention to the management of dementia with non-pharmacological approaches. This has resulted in a greater demand for physical therapists to engage in the assessment and management of patients in various long term settings to insure patients are maintained at their highest level of functional abilities. More and more surgeries are being performed that utilize either the body's own tissues or implants that mimic the same, making the rehab process more critical due to timing of the care, dosage of the intensity of the care and education and training in ongoing management once the patient has reached their treatment goals or has had maximum benefit from their physical therapy care. These changes have increased the intraservice intensity and complexity and also the pre- and post-service time required for a plan of care or revised plan of care.

Change in patient. In todays environment, where the public is clamoring for information about, and access to, care and want it "on demand," physical therapists like other health care providers are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to the therapists practice but also creates a need for the therapist to be aware of the potential for care and for resources related to care. There is a much higher level of expectation placed on the therapists, their clinical decision making skills and their ability to effectively communicate the same to the patient/family/caregivers, referral sources, other healthcare providers and the third party payers verbally, in writing and through other media. As a result, the physical therapy evaluation today requires more time both in the preparation and in the execution of the key elements of the evaluation as well as in the follow-up to assure the patient has a clear understanding and is in agreement with the path to their return to function. With the advent of an increased ability for the public to access information well in front of their initial evaluation, as well as an increased focus by public and private payers on communication, education and appropriate transitions of care, therapists must be more mindful of their patients' expectations. In order to meet the challenges and responsibilities of being a practitioner today (versus 18 years

[1] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

ago), the therapist must be able to effectively examine the patient, evaluate the findings and communicate the best plan for managing the patient's complaints, functional impairments, access to resources, and return to function to multiple parties (patient, caregiver and payer) as well as report the projected and actual outcomes to the patient, caregiver, payer and other healthcare providers downstream.

Speaking to the complexity issue and how patients are presenting for their physical therapy care, according to the CDC, in 1994, almost all states had prevalence of obesity less than 18%. In 2000, only 13 states had a prevalence of less than 18%, and 11 states exceeded 22%. In 2013, no state had a prevalence of less than 18%; almost all states exceeded 22% and 38 of these states exceeded 26%.[2] Nationally, in 2013 more than one-third of the US population was overweight and 28 percent of the US population was obese.[3] These alarming statistics related to the incidence of obesity creates a host of other concerns in regards to patient's comorbidities (eg, Type II diabetes, COPD, hypertension, heart failure, and joint and spine degeneration). These comorbidities require more cognition and physical effort when evaluating patients.

Finally, age and disability go hand-in-hand with the demographics of our aging population. In 2010, more than two-thirds of Medicare beneficiaries had two or more chronic conditions, such as HTN, IHD, arthritis, diabetes, heart failure, chronic kidney disease, and depression.[4] According to census data, 98.2% of all people in their 90s who lived in a nursing home had a disability and/or condition that prevented them from taking care of themselves, and 80.8% of people in their 90s who did not live in a nursing home also had one or more disabilities. Overall, the proportion of people age 90 to 94 having disabilities is more than 13 percentage points higher than that of the 85-89-year-old age group.[5] These older patients present a special challenge to physical therapists because, in addition to physical disabilities, there is also often concurrent cognitive decline, polypharmacy, and complex psychosocial issues.

Increased documentation requirements, new requirements regarding reporting of functional limitations and outcomes, changes in knowledge/technology and patient population have resulted in undervaluation of physical therapy evaluation and reevaluation services.

Survey Process

A survey that included all four new physical therapy evaluation/reevaluation codes (97161X-97164X) was sent to a random sample of members in the APTA membership database.

Work RVU – 97X63

We recommend a work RVU of 1.50 for 97163X. This is the survey median.

Pre-Service Time

The survey respondents identified 10 minutes of pre-service time. Our expert panel agrees that 10 minutes appropriately reflects the volume and complexity of data to be reviewed for 97163X. Ten minutes to review records/orders is consistent with many codes reviewed in the past three years, for example: psych diagnostic evaluation (90791-90792); fitting contact lens (92072); evaluation for speech/nonspeech device (92605-92606); programming/evaluation of programmable pump (93260-93261): CPAP initiation (94660); muscle testing (95860-95870); nerve studies (95907-95909); and initial preventative care visit (99385-99387).

Post-Service Time

The survey respondents identified 20 minutes of post-service time. Our expert panel agrees that 20 minutes appropriately reflects the time required after a physical therapy evaluation of high complexity to document a plan of care in the medical record, complete functional reporting/quality measure documentation, and provide verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals.

Key Reference Code Comparison

Code 97163X is related to a new patient, similar to key reference code 99203. The additional typical intra-service time for 92522 relates to the typical patient who is a child, necessitating additional discussion with the parent for clarification.

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[2] http://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity94.pdf
[3] http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=94
[4] 2012 CMS Chartbook
[5] http://usgovinfo.about.com/od/healthcare/a/Living-Past-90-In-America.htm

Our expert panel agrees that the recommended work RVU of 1.50 is appropriately ranked in comparison to 99203 and 92522.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
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. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	1.42	0.061	29	4	20	5
97X63	Physical therapy evaluation: **high complexity**, requiring these components: • A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; • An examination of body systems using standardized tests and measures addressing 4 or more of any of the following body structures and functions, activity limitations, and/or participation restrictions; • A clinical presentation with unstable and unpredictable characteristics; and • Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, XXX minutes are spent with the patient and/or family.	1.50	0.018	75	10	45	20
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	1.50	0.016	85	5	60	20

MPC Code Comparison

Key Reference code 99203 is an MPC code. Additional MPC codes that support the recommended work RVU of 1.50 are shown below.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
MPC 92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	1.42	0.047	37	5	24	8
97X63	Physical therapy evaluation: **high complexity**	1.50	0.018	75	10	45	20
MPC 95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	0.038	49	10	29	10
MPC 99309	Subsequent nursing facility 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 moderate complexity. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	1.55	0.044	45	10	25	10

Other Reference Codes

In addition to the key reference codes and MPC codes above, we believe the following additional reference codes that have been recently reviewed support a “relative” work RVU of 1.50 for 97163X.

RUC review	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
2013	**72148**	Mri lumbar spine w/o dye	1.48	0.063	30	5	20	5
2012	**90832**	Psytx pt&/family 30 minutes	1.50	0.039	45	5	30	10
2013	**92524**	Behavral qualit analys voice	1.50	0.019	75	5	60	10
2010	**92609**	Use of speech device service	1.50	0.018	80	10	60	10
2012	**95909**	Nrv cndj tst 5-6 studies	1.50	0.034	51	10	30	11

RUC review	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
	97X63	PT High Complexity Evaluation	1.50	0.018	75	10	45	20
2013	**95929**	C motor evoked lwr limbs	1.50	0.024	65	15	40	10
2010	**99393**	Prev visit est age 5-11	1.50	0.064	30	4.5	20	5
2012	**95861**	Muscle test 2 limbs	1.54	0.038	49	10	29	10
2010	**88307**	Tissue exam by pathologist	1.59	0.034	47	0	47	0
2011	**92072**	Fit contac lens for managmnt	1.97	0.034	65	10	45	10

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) 97001

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 therapy 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 frequency 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? 576,909 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate 25% of the utilization for deleted code 97001 using 2014e RUC database utilization.

Specialty physical therapy Frequency 575000 Percentage 99.66 %

Specialty Frequency Percentage %

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:
Evaluation Management

BETOS Sub-classification:
Specialist

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. 97001

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X64 Tracking Number HH4 Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Reevaluation of physical therapy established plan of care, requiring these components:

- An examination including a review of history and use of standardized tests and measures is required; and
- Revised plan of care using a standardized patient assessment instrument and/or measureable assessment of functional outcome

Typically, XXX minutes are spent with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Physical therapy reevaluation of a 62 year-old man with low back pain conducted on visit 8 of the episode of care. The patient had been making progress toward his goals and, at his last visit, reported a reduction in pain from 6/10 to 1/10 and an ability to return to driving and light exercise. However, at this visit, he presents with an increase in pain to 8/10 and now describes radiation of pain and sensory loss in the right posterior leg and lateral foot. He is unable to sit for more than 3 minutes.

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: Review of prior evaluation, patient progress, functional reporting/quality measure documentation, changes to medical record, and current intake forms (eg, patient questionnaires). Communicate with other health care providers as appropriate.

Description of Intra-Service Work: Review updated patient medical history and confirm current medications. The patient self-reported and/or performance based measurement outcome tool is reviewed. The examination during reevaluation includes measurement of gross range of motion as well as segmental mobility, neurologic status, and muscle strength. Patient/family/caregiver questions are answered as appropriate throughout the reevaluation. Interpretation of the patient's response to tests and measures are recorded to assist with updating the plan of care.

Description of Post-Service Work: Upon completion of the face-to-face encounter, the evaluation and examination results are reviewed and the plan of care is updated and recorded in the medical record. Functional reporting/quality measure

documentation is completed. Verbal and/or written follow-up with patient/family/caregiver, physician and other health care professionals will occur as necessary until the next patient encounter.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Rick Rausch, PT		
Specialty(s):	APTA		
CPT Code:	97X64		
Sample Size:	6000	**Resp N:** 134	**Response:** 2.2 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**50.00**	175.00	119.00
Survey RVW:	0.25	0.61	**0.93**	1.00	2.75
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	15.00	**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)

XXX Global Code

CPT Code:	97X64	**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**	**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:	**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? 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
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
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
76816	XXX	0.85	**RUC Time**	18,261

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	295,472

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
93260	XXX	0.85	**RUC Time**

CPT Descriptor 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

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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: 61 **% of respondents:** 45.5 **%**

Number of respondents who choose 2nd Key Reference Code: 40 **% of respondents:** 29.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X64	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **99212**
Median Pre-Service Time	5.00	3.00	2.00
Median Intra-Service Time	20.00	23.00	10.00
Median Immediate Post-service Time	10.00	5.00	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	**35.00**	**31.00**	**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	0.10	0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.20	0.13
Urgency of medical decision making	0.10	0.03

Technical Skill/Physical Effort (Mean)

Technical skill required	0.31	0.18
Physical effort required	0.46	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.02	0.03
Outcome depends on the skill and judgment of physician	0.44	0.28
Estimated risk of malpractice suit with poor outcome	0.03	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.44	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

The CPT Editorial Panel convened a Workgroup to address issues published in the proposed rule for the CY 2011 MPFS, which indicated a need for consideration of specification of patient severity and treatment outcomes when reporting therapy evaluation services. The Workgroup's charge was to assist the specialties that report these services to come forward with a comprehensive proposal to describe the services that would meet the concerns relayed in the rule. In February 2015, the CPT Editorial Panel approved deletion of evaluation and reevaluation codes for physical therapy (97001-97002). In concert, new codes were established to distinguish the work and levels of complexity for evaluation and reevaluation.

Compelling Evidence (CE) for 97161X-97164X

The APTA believes there is compelling evidence that the current work RVUs for physical therapy evaluation and reevaluation services are undervalued due to the types of patients that are being seen by physical therapists, earlier access to PT services, use of technology, and an increase in documentation requirements. We also believe there is an anomalous relationship between physical therapy services and the office visit codes.

CE 1. Anomalous Relationship

In the final rule for CY 1993, CMS responded to comments that physical therapists be allowed to bill for initial physical therapy evaluations and periodic reevaluations using the CPT codes for office consultations (99241-99245) and code 99499 (unlisted evaluation and management service). The commenters indicated that the initial physical therapy evaluation and the periodic reevaluation is a complex evaluation and management service and that neither the physical medicine CPT codes nor the HCPCS alpha-numeric codes contain a suitable way of coding for these evaluations and that most carriers use local codes to pay for these services.

In response, CMS agreed that the initial physical therapy evaluation and periodic reevaluations are important services for which the fee schedule should present a uniform code and payment amount. However, they did not agree that physical therapy evaluations should be billed using the CPT E/M codes as they do not require the breadth of medical decision making that is customarily a part of the E/M services furnished by physicians, particularly the consultation codes. CMS did not believe the extent of the medical decision making was comparable and consequently paying them at the same level, would be inappropriate. However, CMS acknowledged the need for uniform national codes for physical therapy evaluation and reevaluation services. Therefore, for CY 1993, they established two new temporary HCPCS codes: Q0103 *Physical therapy evaluation, initial* and Q0104 *Physical therapy re-evaluation, periodic*.

CMS stated they established codes for these evaluations because, as the commenters indicated, some carriers were not paying for these services when covered, and carriers that were paying for these services were doing so under a variety of local codes and misused CPT or HCPCS codes. The work RVUs that CMS assigned set the payment for the initial physical therapy evaluation code (Q0103) at 1.03 or 87% of 99203 (new patient office visit) and the payment for the periodic physical therapy reevaluation code (Q0104) at 0.52 or 88 % of 99213 (established patient office visit).

1992 CMS Review			
CPT/HCPCS	work RVU	CPT/HCPCS	work RVU
Q0103	**1.03** 87% of 99203	**Q0104**	**0.52** 88% of 99213
99203	1.19	99213	0.59

For CPT 1998, two new Category I codes were approved to replace Q0103 and Q0104: 97001 *Physical therapy evaluation* and 97002 *Physical therapy re-evaluation*. The HCPAC accepted that the work for these codes had increased, commiserate with the increased work for 99203 and 99213, but they did not accept the APTA recommendations and instead recommended the survey 25th percentile work RVUs because these values were consistent with the initial relativity to the level 3 office visit E/M codes as assigned by CMS. The Agency agreed with these recommendations.

1997 HCPAC Review			
CPT	work RVU	CPT	work RVU
97001	**1.20** 89.5% of 99203	**97002**	**0.60** 89.5% of 99213
99203	1.34	99213	0.67

Since the 1997 HCPAC review, the work RVUs for 99203 and 99213 have increased due to increased complexity and intensity of work. This has resulted in a change in the relative relationship of work RVUs for 97001 and 97002.

CY 2015 work RVUs			
CPT	work RVU	CPT	work RVU
97001	**1.20** 84% of 99203	**97002**	**0.60** 62% of 99213
99203	1.42	99213	0.97

In summary, in 1993, when temporary HCPCS codes were established, CMS set the values relative to level 3 office visit codes. When Category I CPT codes were established, the HCPAC (and CMS) approved values relative to level 3 office visits. Since 1997, the work RVUs for the level 3 office visit codes have increased, but the work RVUs for 97001 and 97002 have not changed. **This has resulted in an anomalous relationship for these physical therapy evaluation and reevaluation codes.**

CE 2. Change in Work and Patient

Since the last HCPAC review in 1997, the work related to physical therapy evaluation and reevaluation has increased due to new mandatory requirements regarding performance and outcome measurement and quality reporting, a patient population that is diverse, living with more chronic comorbidities, accessing services earlier and, technology creating opportunity for additional types of treatment approaches. Moreover, there are increased documentation requirements, reflecting the emphasis on quality of care and outcomes focused management with increased accountability.

Increased documentation. The physical therapy evaluation and reevaluation services are very similar to certain levels of the E/M office visit codes. During the 2005 review of E/M services, the RUC accepted the argument that the Medicare E/M documentation guidelines in the late 1990's had increased documentation demands related to stand-alone E/M services and added to the physician work of E/M services relative to other services. The amount of work involved in documenting services in the medical record, for example, had increased dramatically. The emphasis of Medicare and other insurers on medical necessity has continued to grow. Similar to increased documentation required for E/M office visit services, the documentation for physical therapy evaluation and reevaluation services has increased. The 2015 Medicare Benefit Policy Manual, Chapter 15, describes (in detail) the documentation that is a necessary part of a physical therapy evaluation or reevaluation (please see attached excerpt from Section 220.3 of the manual). These extensive documentation requirements were implemented in 2005 and subsequently amended in 2008 (after the 1997 HCPAC review of 97001 and 97002). Specific policy, related to documentation of functional status, reporting treating diagnosis, contents of the plan of care, certification of the plan of care, progress reports, treatment notes, and discharge summaries are detailed in this chapter of the CMS benefit policy manual. The functional reporting requirement was a result of *The Middle Class Tax Relief and Job Creation Act of 2012*[1] and included a provision that mandated the collection of information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on the claim forms. The goal was to be able to the use the data in the future to reform payment policies. The FLR reporting program was implemented on July 1, 2013 and requires therapists to capture data on the patients functional limitations at the outset of the therapy episode (ie, as part of the evaluation), specified points during the episode and at discharge on the patient's functional status and projected goal. This is reporting that must be performed in conjunction with a patient visit and documented by the physical therapist with the support of various tools that include performing a standardized test and measure and/or based on patient inquiry through patient/therapist interview and interaction.

Change in knowledge/technology. There has been an increase in the complexity of data to be evaluated, requiring increased integration of much more information than 18 years ago when 97001 and 97002 were last reviewed. Over the course of the last 10 years the publication of clinical guidelines related to physical therapy evaluation and interventions has exponentially increased with new and updated documents being published annually or even more frequently. For example, more efficient and effective treatment of stroke has resulted in an increased survival rate. This has resulted in a greater demand for rehabilitation and patients being seen earlier in their recovery than in previous years. These patients are often presenting with an increased complexity in their plan for recovery due to their earlier access, co-morbidities, polypharmacy and social issues. Cancer research has also led to therapies that save lives, but increase the complexity of post-surgical/post-treatment therapy and recovery. With great thanks to the Department of Defense, research has resulted in significant advances in prosthetic limbs and bionic bodysuits that have required a physical therapist to understand these technologies and apply their evaluative skills and management of interventions to best meet their patients' functional goals. Patients who live longer are more likely to suffer falls. Physical therapy is a foundation of falls management programs and physical therapists often lead the interdisciplinary management of falls and fall prevention. Medicare is requiring greater attention to the management of dementia with non-pharmacological approaches. This has resulted in a greater demand for physical therapists to engage in the assessment and management of patients in various long term settings to insure patients are maintained at their highest level of functional abilities. More and more surgeries are being performed that utilize either the body's own tissues or implants that mimic the same, making the rehab process more critical due to timing of the care, dosage of the intensity of the care and education and training in ongoing management once the patient has reached their treatment goals or has had maximum benefit from their physical therapy care. These changes have increased the intraservice intensity and complexity and also the pre- and post-service time required for a plan of care or revised plan of care.

Change in patient. In todays environment, where the public is clamoring for information about, and access to, care and want it "on demand," physical therapists like other health care providers are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to the therapists practice but also creates a need for the therapist to be aware of the potential for care and for resources related to care. There is a much higher level of expectation placed on the therapists, their clinical decision making skills and their ability to effectively communicate the same to the

[1] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

patient/family/caregivers, referral sources, other healthcare providers and the third party payers verbally, in writing and through other media. As a result, the physical therapy evaluation today requires more time both in the preparation and in the execution of the key elements of the evaluation as well as in the follow-up to assure the patient has a clear understanding and is in agreement with the path to their return to function. With the advent of an increased ability for the public to access information well in front of their initial evaluation, as well as an increased focus by public and private payers on communication, education and appropriate transitions of care, therapists must be more mindful of their patients' expectations. In order to meet the challenges and responsibilities of being a practitioner today (versus 18 years ago), the therapist must be able to effectively examine the patient, evaluate the findings and communicate the best plan for managing the patient's complaints, functional impairments, access to resources, and return to function to multiple parties (patient, caregiver and payer) as well as report the projected and actual outcomes to the patient, caregiver, payer and other healthcare providers downstream.

Speaking to the complexity issue and how patients are presenting for their physical therapy care, according to the CDC, in 1994, almost all states had prevalence of obesity less than 18%. In 2000, only 13 states had a prevalence of less than 18%, and 11 states exceeded 22%. In 2013, no state had a prevalence of less than 18%; almost all states exceeded 22% and 38 of these states exceeded 26%.[2] Nationally, in 2013 more than one-third of the US population was overweight and 28 percent of the US population was obese.[3] These alarming statistics related to the incidence of obesity creates a host of other concerns in regards to patient's comorbidities (eg, Type II diabetes, COPD, hypertension, heart failure, and joint and spine degeneration). These comorbidities require more cognition and physical effort when evaluating patients.

Finally, age and disability go hand-in-hand with the demographics of our aging population. In 2010, more than two-thirds of Medicare beneficiaries had two or more chronic conditions, such as HTN, IHD, arthritis, diabetes, heart failure, chronic kidney disease, and depression.[4] According to census data, 98.2% of all people in their 90s who lived in a nursing home had a disability and/or condition that prevented them from taking care of themselves, and 80.8% of people in their 90s who did not live in a nursing home also had one or more disabilities. Overall, the proportion of people age 90 to 94 having disabilities is more than 13 percentage points higher than that of the 85-89-year-old age group.[5] These older patients present a special challenge to physical therapists because, in addition to physical disabilities, there is also often concurrent cognitive decline, polypharmacy, and complex psychosocial issues.

Increased documentation requirements, new requirements regarding reporting of functional limitations and outcomes, changes in knowledge/technology and patient population have resulted in undervaluation of physical therapy evaluation and reevaluation services.

Survey Process

A survey that included all four new physical therapy evaluation/reevaluation codes (97161X-97164X) was sent to a random sample of members in the APTA membership database.

Work RVU – 97X64

Our expert panel agrees that the typical patients requiring a reevaluation would have had an initial evaluation that was moderately complex (97162X) or highly complex (97163X). Reevaluation and a revised plan of care is considered medically necessary when new condition(s), personal factor(s) and/or comorbidity(ies) impact the current plan of care. This results in a typically moderate to highly complex/intense reevaluation.

For 23 years, the physical therapy reevaluation code (Q0104/97002) has been valued at approximately 88-89% of the value for 99213 (see compelling evidence discussion above). Our expert panel agrees that the survey median work RVU of 0.93 (which is 96% of 99213) overestimates the work for 91614X.

We are recommending a work RVU of 0.85 for 97164X which is less than the survey median. This value is based on a crosswalk to code 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*

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[2] http://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity94.pdf
[3] http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=94
[4] 2012 CMS Chartbook
[5] http://usgovinfo.about.com/od/healthcare/a/Living-Past-90-In-America.htm

defibrillator system. Code 93260 was reviewed in 2014 and has the same total time of 35 minutes. In addition, a work RVU of 0.85 is 88% of the work RVU for 99213, thereby maintaining the relationship established by CMS and the HCPAC and supported by compelling evidence.

Although physical therapists do not perform 93260, the service description relates well to 97164X: both services are evaluations; both services perform testing that requires analysis, review and report; both services may be performed by other qualified health care professionals.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
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	0.85	0.027	35	10	15	10
97X64	Physical therapy reevaluation	0.85	0.026	35	5	20	10

Pre-Service Time

The survey respondents identified 5 minutes of pre-service time. Our expert panel agrees that 5 minutes appropriately reflects the volume and complexity of data to be reviewed for 97164X. Five minutes to review records/orders is consistent with many codes reviewed in the past three years, for example: CT (70460, 70487, 70488, 70496, 70498); MR (72141-72158); ultrasound (76641-76775); psychotherapy (90832, 90834,90837, 90847); EEG (95816-95819); Advance care planning (99497).

Post-Service Time

The survey respondents identified 10 minutes of post-service time. Our expert panel agrees that 10 minutes appropriately reflects the time required to document an updated/revised plan of care in the medical record, complete functional reporting/quality measure documentation, and provide verbal and/or written follow-up with patient/family/caregiver, physician, and other health care professionals.

Key Reference Code Comparison

Code 97164X is related to an established patient, similar to key reference codes 99212 and 99213.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
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.. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	0.48	0.035	16	2	10	4
97X64	**Reevaluation** of physical therapy established plan of care, requiring these components: • An examination including a review of history and use of standardized tests and measures is required; and • Revised plan of care using a standardized patient assessment instrument and/or measureable assessment of functional outcome Typically, XXX minutes are spent with the patient and/or family.	0.85	0.026	35	5	20	10
99213	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. 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.	0.97	0.034	31	3	23	5

MPC Code Comparison

Both Key Reference codes 99212 and 99213 are MPC codes. Additional MPC codes that support the recommended work RVU of 0.85 are shown below.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
MPC 95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	0.85	0.028	30	0	30	0
MPC 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	0.85	0.033	31	6	15	10
97X64	Physical therapy reevaluation	0.85	0.026	35	5	20	10
MPC 78306	Bone and/or joint imaging; whole body	0.86	0.080	18	5	8	5
MPC 92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	0.88	0.044	25	5	15	5

Other Reference Codes

In addition to the key reference codes and MPC codes above, we believe the following additional reference codes that have been recently reviewed support a "relative" work RVU of 0.85 for 97164X.

RUC review	CPT	SHORT DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
2013	**76700**	Us exam abdom complete	0.81	0.053	21	5	11	5
2012	**92235**	Eye exam with photos	0.81	0.042	23	3	15	5
2014	**72265**	Myelography l-s spine	0.83	0.040	25	5	15	5
2014	**70486**	Ct maxillofacial w/o dye	0.85	0.072	16	3	10	3
2011	**78598**	Lung perf&ventilat diferentl	0.85	0.054	24	5	10	9
2014	**93260**	Prgrmg dev eval impltbl sys	0.85	0.027	35	10	15	10
	97X64	PT reevaluation	0.85	0.026	35	5	20	10
2014	**88365**	Insitu hybridization (fish)	0.88	0.029	30	0	30	0
2014	**88368**	Insitu hybridization manual	0.88	0.029	30	0	30	0
2011	**62370**	Anl sp inf pmp w/mdreprg&fil	0.90	0.026	37	7	20	10
2011	**78227**	Hepatobil syst image w/drug	0.90	0.044	26	6	15	5
2012	**95921**	Autonomic nrv parasym inervj	0.90	0.033	33	8	15	10
2012	**95923**	Autonomic nrv syst funj test	0.90	0.038	30	5	15	10

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) Multiple codes allow correct reporting when services are performed

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 Medicare beneficiary 5% file indicates code 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) is reported more than 50% of the time with code 97002. With respect to provider work, when 97110 was reviewed, the HCPAC reduced the survey pre-time and agreed that one minute of pre-service time for 97110 reflected non-overlapping time with other services that may be performed on the same date. With respect to the reevaluation code, Medicare requires that the physical therapist document the care plan prior to initiating treatment. The PT would not begin requesting set up or talk to the patient about what therapeutic exercises will occur until after reevaluation documentation is complete. In addition, the HCPAC reduced the survey post-time to two minutes for separate documentation and home care instructions related to the therapeutic exercise intervention. The HCPAC agreed that these two minutes would not overlap with the post-service time of other codes, including physical therapy reevaluation because initiation of one-on-one exercise activities with the patient cannot begin until care plan documentation is complete. Separately, we note that 97110 is subject to multiple procedure reduction for practice expense.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97002

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 therapy 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 frequency 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?
482,631 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is 100% of the utilization for deleted code 97002 using 2014e RUC database utilization.

Specialty physical therapy Frequency 481000 Percentage 99.66 %

Specialty Frequency Percentage %

Specialty Frequency 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:
Evaluation Management

BETOS Sub-classification:
Specialist

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. 97002

17
Tab Number

Physical Medicine and Rehabilitation Evaluation Services
Issue

67161X-67164X
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

Rick Rausch, PT
Printed Signature

American Physical Therapy Association
Specialty Society

September 8, 2015
Date

ISSUE: Physical Medicine and Rehabilitation Evaluation Services
TAB: 17

					RVW					Total	pre	INTRA					post
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	pre	MIN	25th	MED	75th	MAX	post
REF1	99201	Office/outpatient visit new	49	0.032			0.48			17	2			10			5
REF2	99202	Office/outpatient visit new	48	0.052			0.93			22	2			15			5
current	97001	Physical therapy evaluation		0.031			1.20			42	4			30			8
SVY	97X61	Low Complexity Evaluation	127	0.018	0.33	0.50	0.75	0.93	2.00	37	5	10	18	20	30	55	12
REC	97X61	PT Low Complexity Evaluation		0.018			0.75			37	5			20			12
REF1	99202	Office/outpatient visit new	60	0.052			0.93			22	2			15			5
REF2	99203	Office/outpatient visit new	59	0.061			1.42			29	4			20			5
current	97001	Physical therapy evaluation		0.031			1.20			42	4			30			8
SVY	97X62	Moderate Complexity Evaluation	136	0.021	0.48	0.95	1.18	1.42	8.00	55	10	15	25	30	45	65	15
REC	97X62	PT Moderate Complexity Evaluati		0.021			1.18			55	10			30			15
REF1	99203	Office/outpatient visit new	111	0.061			1.42			29	4			20			5
REF2	92522	Evaluate speech production	11	0.016			1.50			85	5			60			20
current	97001	Physical therapy evaluation		0.031			1.20			42	4			30			8
SVY	97X63	High Complexity Evaluation	135	0.018	0.80	1.42	1.50	1.65	5.00	75	10	20	35	45	55	90	20
REC	97X63	PT High Complexity Evaluation		0.018			1.50			75	10			45			20
REF1	99213	Office/outpatient visit est	61	0.034			0.97			31	3			23			5
REF2	99212	Office/outpatient visit est	40	0.035			0.48			16	2			10			4
Xwalk	95992	Canalith repositioning procedure(		0.027			0.75			35	0			20			10
current	97002	Physical therapy reevaluation		0.025			0.60			25	2			18			5
SVY	97X64	Physical therapy reevaluation	134	0.030	0.25	0.61	0.93	1.00	2.75	35	5	8	15	20	30	60	10
REC	97X64	PT reevaluation		0.021			0.75			35	5			20			10

Compelling Evidence for 97X65-97X68

The American Occupational Therapy Association (AOTA) submits the following compelling evidence to support the increase in work values for new CPT codes 97X65 – 97X68. Since these codes were first valued in 1997, there have been significant advances in research related to practice, as exemplified by AOTA's evidence-based Practice Guidelines, increased use of electronic tools, and increased public health awareness of the effects of cognitive and psychosocial problems on individual daily functioning. All of these factors have resulted in increased intensity and complexity of the occupational therapy evaluation process. In addition, the existing evaluation codes were never developed nor valued within the true AMA process. We will address each of these issues to demonstrate the need to take a renewed look at the work involved in Occupational Therapy (OT) evaluations and reevaluation in order to value appropriately.

1. Relationship to Evaluation and Management (E&M) Codes

When the OT evaluation and reevaluation services were first developed, parallels were drawn by HCFA (now CMS) to E&M services both in terms of clinical content and valuation. CMS created Q0109 and Q0110 (described as OT evaluation and OT reevaluation) in 1993, which were assigned work RVUs that were between level 2 (99202/99212) and level 3 (99203/99213) Evaluation and Management codes (or approximately 88% of 99203/99213).[i]

In 1997 it was determined that these codes should be moved to CPT. AOTA completed a work survey and made RVW recommendations for the OT evaluation and OT reevaluation. The HCPAC Review Board rejected the survey for CPT codes 97003 and 97004 (that replaced the HCPCS Q codes) and determined that the RVW should be consistent with the initial relativity to the office visit E&M codes. The HCPAC Review Board recommended 1.20 (97003) and 0.60 (97004) where the value remains today.

There is a definite parallel to the work involved in providing a new patient physician office visit and a new patient OT evaluation. These similarities are captured in the descriptors for E&M codes (history, examination, decision-making, and collaboration with physicians and QHCPs) and OT evaluation and reevaluation, which make them reasonable as reference codes. CPT codes 97X65-97X67 are for low, moderate and high complexity occupational therapy evaluations. These evaluations require documentation of: an occupational profile, medical and therapy history, relevant assessments, and development of a plan of care which reflects the therapist's clinical reasoning and interpretation of the data. Also included is coordination, consultation, and collaboration of care with physicians, other qualified health care professionals, or agencies is provided consistent with the nature of the problem(s) and the needs of the patient, family and/or other caregivers. All of these attributes are comparable to the requirements for E/M services, making the codes appropriate and reasonable reference services.

E&M work values have increased over the years, most recently in 2010. Since the inception of the RBRVS, Medicare payment for a mid-level office visit (99213) has increased from $31 in 1992 (0.55 WRVUs) to $73 in 2015 (0.97 WRVUs). During this period OT evaluation and reevaluation has remained the same at 1.20 and 0.60 RVWs.

2. Changes in Occupational Research and Practice

Over the years, changes in both systems and practice, as well as changes in patient profiles and characteristics, have had a distinct impact on occupational therapy and in particular occupational therapy evaluations and reevaluations.

Since these codes were first approved, there have been great strides in fields including occupational science, psychology, vision, cognition, neuropsychology and others. Evidence has come from such areas as brain imaging, neurobiological sciences, and interdisciplinary research in critical areas such as cognition, performance, function and participation. These scientific developments, such as the evidence produced by the Well Elderly Study, [1] have resulted in a broader scope of inquiry in an occupational therapy evaluation.

The profession has responded by developing a comprehensive document to guide OT practice, called the Occupational Therapy Practice Framework: Domain and Practice, which was first published in 2008 and revised in 2014[2]. The Framework sets the parameters of an occupational therapy evaluation based on current research and follows the direction of the health care system in being client-centered and client-driven with patient goals and preferences being central to the provision of occupational therapy. The client's perceptions and goals are the first part of creating the "occupational profile" which is the key to an effective evaluation. This report is a summary of a client's occupational history and experiences, patterns in activities of daily living, interests, values, and medical, functional, psychosocial and cognitive needs. The profile helps the occupational therapist define the areas for analysis and treatment of occupational performance. It does not determine the level of evaluation complexity. This determination is made by the therapist based on the number, level and range of client performance impairments, examining motor, sensory, cognitive, psychosocial, environmental and other factors affecting function. These are evaluated for at what level and in what manner they impede the client's ability to perform necessary daily self-care (ADLs) and home management/community tasks (instrumental ADLs). Occupational therapists also must assess performance patterns such as habits, roles, and routines, as well as barriers to performance within the context and environment in which the client wishes to function or perform. Specialized assessment tools (as required by the Medicare Benefit Policy Manual) as well as assessed client performance during the evaluation process are used to provide the additional information necessary to develop an individual plan of treatment.

The use of an occupational profile, evidence-based guidelines and the Framework's principles has led to more consistent and comprehensive OT evaluations and enhanced outcome

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[1] Clark, F., Jackson, J., Carlson, M., Chou, C., Cherry, B.J., Jordan-Marsh, M., Knight, B.G., Lai, M., White, B., Hay, J., Lam, Claudia, Marterella, A. & Azen, S.P. (2011). Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: results of the Well Elderly 2 Randomised Controlled Trial. Journal of Epidemiology and Community Health, doi:10.1136/jech.2009.099754; Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D.& Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *JAMA*, *278*(16), 1321-1326.

[2] American Occupational Therapy Association. (2014) Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68 (*Suppl.1), S1-S48. http://dx.doi.org/10.5014/ajot.2014.682006

measurement (e.g., in improved medication management and self- management of conditions and reduced use of health care services such as hospitalization and re-hospitalizations and caregiver burden). However, analogous to the increase in practitioner work due to the introduction of quality measures, use of these types of guidelines also increases both service complexity and time.

Occupational therapy practitioners are now working with a patient population that is increasingly medically and culturally diverse, living with more chronic comorbidities, living to an older age, and accessing outpatient services with higher levels of need because of the effects of reduced inpatient acute and rehabilitation stays.[3] Although an aging population and increased lifespan has had a widespread effect on all practitioners, occupational therapy practice has been significantly more complex due to increases of clients with cognitive impairments, psychosocial impairments and multiple chronic conditions.

Patients with Cognitive Impairments

According to the Centers for Disease Control and Prevention, the number of persons living with Alzheimer's disease, the most well-known form of cognitive impairment, may rise to over 13 million by 2050.[4] Occupational therapists evaluate and treat clients for many of the common symptoms of functional cognitive impairment cited by this article (e.g., memory loss, trouble exercising judgment, changes in mood or behavior, difficult planning and carry out tasks, such as following a recipe or keeping track of monthly bills).

Research on the impact of cognition as well as ways to improve functioning of those with cognitive deficits through compensatory or remediating activities has shown the value of occupational therapy's longtime inclusion of functional cognitive factors in both evaluation and treatment. Over the last decade, occupational therapists have increasingly incorporated functional cognitive tools and assessments of patients into their initial evaluations and re-evaluations to assure executive function and cognitive processing skills to perform ADLs are measured, an area of evaluation AOTA calls "functional cognition." Subtle but significant cognitive impairment is ubiquitous in the Medicare population and critically impacts safety, resource utilization, outcome stability and burden of care. It is common in chronic neurological and degenerative diseases including Alzheimer's disease, Parkinson disease, multiple sclerosis, head injury, stroke, spinal cord injury, cancer, and psychiatric disorders (in particular schizophrenia and depression), to name some primary areas of focus.

These conditions and comorbidities require more time and therapist cognitive and physical effort during occupational therapy evaluations and reevaluations.

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[3] MedPAC Hospital Short Stay Policy Issues June 2015 Report. Accessed at: http://www.medpac.gov/documents/reports/chapter-7-hospital-short-stay-policy-issues-(june-2015-report).pdf?sfvrsn=0

[4] Centers for Disease Control. Cognitive Impairment: A Call to Action, Now! Feb. 2011, retrieved Sept. 2015); Herbert LE, Scherr PA, Bienias JL, Bennett DA, Evans DA. Alzheimer's disease in the U.S. population: Prevalence estimates using the 2000 census. Archives of Neurology 2003;60:1119–1122.

Patients with Psychosocial and Mental Impairments

According to a survey from the Substance Abuse and Mental Health Services Administration, 45.6 million adults in the US had a diagnosable mental illness in 2011[5]. The most common of these conditions are depressive and anxiety disorders. Much of the increase is due to "improvements in recognizing and diagnosing mental illnesses…" Occupational therapists provide evaluations for these and other psychosocial conditions that interfere with a client's ability to perform ADLs and IADLs. Additionally, as further discussed in the section on multiple chronic conditions, when a mental health condition exists, it must be addressed in the evaluation regardless of other conditions that may need occupational therapy intervention.

Patients with Multiple Chronic Conditions

Studies demonstrate that the presence of multiple chronic conditions (MCC), relating to both physical and mental health, adds a layer of complexity to disease management and care provision; recently the U.S. Department of Health and Human Services established a strategic framework for improving the health of this population.[6]

Between 1999–2000 and 2009–2010, the percentage of adults aged 45–64 and 65 and over with two or more of nine selected chronic conditions increased for both men and women, all racial and ethnic groups examined, and most income groups.[7] During the intervening 10-year period, the percentage of adults aged 65 and over with both hypertension and diabetes increased from 9% to 15%; prevalence of hypertension and heart disease increased from 18% to 21%; and prevalence of hypertension and cancer increased from 8% to 11%.

Occupational therapy evaluations and re-evaluations have become more work and time intensive as a result of the impact of these changes in MCCs. Further because these patients are more complex there are many more performance factors to address in MCC patients. For instance, therapists spend more time with MCC patients because fatigue – both mental and physical--is a frequent limiting factor. Therapists must spend time evaluating these patients' use of energy to incorporate energy conservation strategies into treatment and evaluating the environment in which they will perform a function to determine how to incorporate activity modification techniques into daily activities.

Also, if any of the chronic conditions affects cognitive processing or psychosocial functioning, it adds an additional layer of complexity to all performance areas that must be addressed. With the aging population, these cognitive concerns are more frequent.

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[5] SAMHSA. Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings (Oct. 2012). http://archive.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm.
[6] HHS Initiative on Multiple Chronic Conditions. See: http://www.hhs.gov/ash/initiatives/mcc/
[7] Centers for Disease Control. Data from the National Health Interview Survey, 1999–2000 and 2009–2010. See: http://www.cdc.gov/nchs/data/databriefs/db100.htm.

Administrative Changes

Over the past decades, occupational therapists have been subject to increased documentation requirements, partially due to changes in legislation and regulation as well as to reflect an emphasis on quality of care, outcomes-focused management, and accountability. This has increased the work for both the occupational therapist and the occupational therapy clinical staff.

Although other revisions to CMS rules have increased documentation time and effort, most significant are the work related increases due to new mandatory requirements regarding functional limitation reporting (FLR), which specifically affect therapy services, and outcome and process quality measurement and reporting, parallel to physician reporting.

In response to changes incorporated into the *Middle Class Tax Relief and Job Creation Act of 2012*[8], which included a provision that mandated the assessment of the beneficiary's function and condition, therapy services furnished, and outcomes achieved on claim forms, CMS issued extensive manual revisions (Medicare Benefit Policy Manual, Chapter 15, sections 220 et al) requiring documentation of functional status by goal and severity/complexity modifier, representing the individual's percentage of functional impairment or activity limitation. Although this functional reporting must be done at intervals during an OT episode of care, the initial decision of how to report these factors must be made during the initial evaluation, and may be modified during a reevaluation.

In addition, the law mandated a manual medical review process for Medicare Part B therapy services that exceed a $3,700 threshold. The result of manual medical review has been that therapists (with input from clinical staff) must develop a letter of medical necessity, along with supporting documentation, to continue therapy services that exceed $3700. This is particularly relevant at re-evaluation if additional occupational therapy is found to be medical necessary.

Each of these requirements has increased the work for both the occupational therapist and the occupational therapy clinical staff.

Conclusion

The AOTA believes that there is substantial compelling evidence that the current OT evaluations and reevaluation codes are undervalued. Practice has changed to meet the needs of a radically different health care population than existed in 1997. The significance of Medicare patients' greater lifespans cannot be ignored. The oldest segment of this population experience increasing cognitive as well as physical problems that must be addressed. The younger Medicare population is very active and expects quality services and good outcomes. Occupational therapy practice is moving to meet the needs of both.

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[8] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

While we would not state that the methodology used for the current values was flawed at the time, we believe a higher weight should be given to the data gathered through the current surveys of occupational therapists, which reflects today's practice.

It addition, the clinical and administrative requirements discussed above did not exist and none of the increases in the complexity, face to face time and staff time could be considered by the 1997 HCPAC when the sole OT evaluation and reevaluation codes were valued.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X65 Tracking Number Original Specialty Recommended RVU: **0.93**
Presented Recommended RVU: **0.88**
Global Period: XXX RUC Recommended RVU: **0.88**

CPT Descriptor: Occupational therapy evaluation, low complexity, requiring these components:
• An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem;
• An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
• Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component.
Typically, XXX minutes are spent face-to-face with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The patient is a 49-year old female who fell at home sustaining a closed distal radius fracture to the right dominant wrist. On her return visit to the physician (6 weeks later), she continued to have limited active range of motion (AROM) and was referred to occupational therapy for range of motion and strengthening. The patient lives alone and is having difficulty with some ADLs and IADLs.

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: The occupational therapist reviews the intake forms (e.g. patient questionnaires), occupational profile, the medical and therapy history, and the physicians orders. Communicate with other health care professionals as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require occupational therapy. The service description provided below is based on the particular patient in the vignette.]
The occupational therapist assesses sensation, strength, range of motion and edema. Sensation was found to be normal and there were no vascular issues. Mild edema was observed to be present in the wrist and digits. The OT also evaluated the patient's active range of motion (AROM) and found it was within normal limits at the shoulder but tightness was observed at the end ranges of flexion, abduction, and external rotation. Elbow AROM was normal for extension and flexion. Wrist

and forearm active range of motion was moderately limited. Grip and pinch strength of right hand was decreased compared to the left non-dominant hand making it difficult for her to perform dressing and home management activities. The OT had the patient complete the Disabilities of the Arm, Shoulder and Hand assessment (DASH) with a score of 65/100 (35% impairment) and a pain level of 5/10. The patient indicated limitations including preparing a meal and washing her hair.

Based on the patient's occupational profile, history and assessment results, the OT developed a plan of care to address performance deficits (e.g., gripping, manipulating) in ADLs and IADLs due to decreased active range of motion, decreased strength and increased edema. The plan of care was discussed with the patient and a few exercises the patient could perform at home were demonstrated using Thera-bands and putty.

Description of Post-Service Work: The occupational therapist documents the assessment that occurred and the resulting plan of care, including the home program and any equipment provided to the patient. A note to the referring physician is also completed as part of the post evaluation work. In addition, the OT must document the patient's functional scale, based on CMS G code for patient based level of impairment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Mary Foto Katie Jordan				
Specialty(s):	American Occupational Therapy Association				
CPT Code:	97X65				
Sample Size:	7000	**Resp N:** 152	**Response:** 2.1 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**20.00**	50.00	720.00
Survey RVW:	0.06	0.50	**0.93**	1.36	3.00
Pre-Service Evaluation Time:			**10.00**		
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:	**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:	**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:	97X65	**Recommended Physician Work RVU: 0.88**		
		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:		**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:	**12.00**	**0.00**	**12.00**

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
99201	XXX	0.48	**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 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99202	XXX	0.93	**RUC Time**

CPT Descriptor 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.

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
92002	XXX	0.88	**RUC Time**	223,037

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92507	XXX	1.30	**RUC Time**	118,073

CPT Descriptor 2 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

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: 62 **% of respondents:** 40.7 **%**

Number of respondents who choose 2nd Key Reference Code: 46 **% of respondents:** 30.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X65	**Top Key Reference CPT Code:** 99201	**2nd Key Reference CPT Code:** **99202**
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	30.00	10.00	15.00
Median Immediate Post-service Time	12.00	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	**47.00**	**17.00**	**22.00**
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	-0.05	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.02	-0.02

Urgency of medical decision making	-0.19	-0.11

Technical Skill/Physical Effort (Mean)

Technical skill required	0.05	0.28
Physical effort required	-0.02	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.35	-0.39
Outcome depends on the skill and judgment of physician	0.15	0.35
Estimated risk of malpractice suit with poor outcome	-0.27	-0.24

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.05	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.

Currently there is only a single code, 97003, for occupational therapy evaluation. 97003 is valued at 1.20 WRVUs, with 7 min pre-service, 45 min intra-service and 5 min immediate post-service time. The survey results for the low complexity occupational therapy evaluation, 97X65, appropriately came out below those of the existing code for median WRVU and all time components.

The primary selected reference service was 99201 which has 0.48 WRVUs with 10 min of intra-service work and the secondary selected reference service was 99202 which has 0.93 WRVUs with 15 min of intra-service work. Both reference services have intra-service times that are considerably lower than the median of 30 min for 97165X. Reference code 99202 has the same WRVUs as the median WRVU for 97X65, but at 15 min it has ½ the intra-service time. In addition, the median pre-service time for 97X65 was 10 min and the median post-service time was 18 min, compared to 2 min and 5 min for both the reference services.

The median survey WRVU and all time components compare favorably to services and procedure on the MPC. CPT code 92002, Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient, is a similar patient evaluation service to the occupational therapy evaluation. Code 92002 is valued at 0.88 WRVUs with 5 min pre-service, 15 min intra-service, and 5 min post-service. The surveyed occupational therapy evaluation code 97165 has twice the intra-service time and only 0.05 additional WRVUs. CPT code 92507, treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, is valued at 1.30 WRVUs with 5 pre-service, 50 intra-service and 5 post-service. The total time for 92507 is 60 min which compares favorably to the surveyed occupational therapy code 97165 at 58 min. 92507 is 0.37 WRVUs greater than 97X65 with only a 2 min time difference.

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) CPT code 97003, occupational therapy evaluation, was reported 173,201 times based on Medicare claims data for 2013

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 Occupational Therapy 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? 159345
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 Medicare utilization of 86,600 and assuming that 16% of the U.S. population is covered by Medicare (http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/)

Specialty Occupational Therapy Frequency 160080 Percentage 100.46 %

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? 86,413 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The claims data for 97003 shows that the top 5 diagnosis, totalling 50.2% of claims, are associated with musculosketal and orthopedic conditions. Such conditions are the more simple conditions typically treated by occupational therapists. In addition, more complex disorders are treated in the inpatient setting and these are not reported under Medicare Part B.

Specialty Occupational Therapy Frequency 86413 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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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. 97003

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X66 Tracking Number Original Specialty Recommended RVU: **1.42**
Presented Recommended RVU: **1.42**
Global Period: XXX RUC Recommended RVU: **1.20**

CPT Descriptor: Occupational therapy evaluation, moderate complexity, requiring these components:
• An occupational profile and medical and therapy history, which includes anexpanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance;
• An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
• Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.
Typically, XXX minutes are spent face-to-face with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a right below knee amputation (BKA) and generalized weakness. His past medical history includes degenerative joint disease, diabetes mellitus (DM), depression, neuropathy, and diabetic retinopathy. He lives alone and has no structural home modifications (eg, bathroom). He ambulates with a walker, without a lower extremity (LE) prosthesis; he is fearful of falling in the kitchen and bathroom, and his inability to return to driving now makes accessing groceries and participation in community activities a challenge.

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: The occupational therapist reviews the intake forms (e.g. patient questionnaires), occupational profile, the medical and therapy history, and the physicians orders. Communicate with other health care professionals as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require occupational therapy. The service description provided below is based on the particular patient in the vignette.]
The OT assesses UE strength, fine motor coordination, grasp and pinch strength, functional mobility, vision, depression, and ADL, and IADL (including car transfers) performance. The results show weakness in shoulder and elbow muscle strength, minimal assistance needed with ADLS, bed to chair transfers and moderate assistance to come to standing from

the toilet. Vision is impaired resulting in safety issues in ADL and IADL tasks in his home and community. Depression screening is negative. He is experiencing significant difficulty in daily activities, including mobility inside the house and in his garden. He also notes that he is having difficulty monitoring and maintaining his glucose levels due to change in activity level without modifying food intake. His low vision also affects his ability to administer insulin appropriately.
Based on patient occupational profile, history and assessment results, the OT develops a plan of care addressing performance deficits, in dressing, mobility, toilet transfers with potential need for adaptive equipment, visual aids, and home modification. The plan of care was discussed with the patient and exercises the patient could perform at home were demonstrated using Thera-bands.

Description of Post-Service Work: The occupational therapist documents the assessment that occurred and the resulting plan of care, including the home program and any equipment provided to the patient. A note to the referring physician is also completed as part of the post evaluation work. In addition, the OT must document the patient's functional scale, based on CMS G codes goal for patient based level of impairment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Mary Foto Katie Jordan		
Specialty(s):	American Occupational Therapy Association		
CPT Code:	97X66		
Sample Size:	7000	**Resp N:** 165	**Response:** 2.3 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	70.00	800.00
Survey RVW:	0.48	1.00	**1.42**	1.75	4.26
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**45.00**	55.00	130.00

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):	**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:	97X66	**Recommended Physician Work RVU: 1.20**		
		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:		**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
99202	XXX	0.93	**RUC Time**

CPT Descriptor 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.

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
92507	XXX	1.30	**RUC Time**	118,073

CPT Descriptor 1 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	35,941

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

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: 64 **% of respondents:** 38.7 **%**

Number of respondents who choose 2nd Key Reference Code: 58 **% of respondents:** 35.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X66	**Top Key Reference CPT Code:** 99202	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	10.00	2.00	4.00
Median Intra-Service Time	45.00	15.00	20.00
Median Immediate Post-service Time	15.00	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	**70.00**	**22.00**	**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	0.47	0.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	0.53
Urgency of medical decision making	0.42	0.19

Technical Skill/Physical Effort (Mean)

Technical skill required	0.56	0.69
Physical effort required	0.64	0.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.38	0.16
Outcome depends on the skill and judgment of physician	0.67	0.64
Estimated risk of malpractice suit with poor outcome	0.34	0.07

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.61	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.

Currently there is only a single code, 97003, for occupational therapy evaluation. 97003 is valued at 1.20 WRVUs, with 7 min pre-service, 45 min intra-service and 5 min immediate post-service time. The survey results for the moderate complexity occupational therapy evaluation, 97X66, very nearly mirrored those of the existing code. 97X66 had a median WRVU that was 0.22 greater than 97003 and the intra-service time was equal at 45 min. The surveyed pre-service time and post-service time was greater than 97003, for a total time that was 28 min greater than existing code 97003.

The primary selected reference service was 99202 which has 0.93 WRVUs with 15 min of intra-service work, and the secondary reference service was 99203 which has 1.42 WRVUs with 20 min of intra-service work. Both reference services have intra-service times that are considerably lower than the median of 45 min for 97166X. Reference code 99203 has the same WRVUs as the median WRVU for 97X66, but at 20 min it has less than ½ the intra-service time. In addition, the median pre-service time for 97X66 was 15 min and the median post-service time was 25 min, compared to 2 min and 4 min pre-service time and 5 min post-service for both the reference services.

The median survey WRVU and all time components compare favorably to services and procedure on the MPC. CPT code 92507, treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, is valued at 1.30 WRVUs with 5 pre-service, 50 intra-service and 5 post-service. The total time for 92507 is 60 min which compares favorably to the surveyed occupational therapy code 97166X at 85 min. 92507 is 0.12 WRVUs less than 97166X with a 25 min total time difference. CPT code 95861, Needle electromyography; 2 extremities with or without related paraspinal areas, is valued at 1.54 WRVUs with 10 pre-service, 29 intra-service and 10 post-service. 95861 has 0.12 greater WRVUs, but 16 min less intra-service time and 36 min less total time than the median survey times for 97X66.

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) CPT code 97003, occupational therapy evaluation, was reported 173,201 times based on Medicare claims data for 2013

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 Occupational Therapy 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? 127476
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 Medicare utilization of 69,280 and assuming that 16% of the U.S. population is covered by Medicare (http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/)

Specialty Occupational Therapy Frequency 127476 Percentage 100.00 %

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? 69,130 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Complex orthopedic cases leave the inpatient setting and return to the community where they access a private practices. They may have received some homehealth rehab post discharge prior to seeing an OT, when additional interventions and rehab are identified by a physician who then refers the patient to an occupational theapist..

Specialty Occupational Therapy Frequency 69130 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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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. 97003

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X67 Tracking Number Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.70**
Global Period: XXX RUC Recommended RVU: **1.70**

CPT Descriptor: Occupational therapy evaluation, high complexity, requiring these components:
• An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance;
• An assessment(s) that identify 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and
• A clinical decision-making is of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.
Typically, XXX minutes are spent face-to-face with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 29-nine-year-old male sustained a head injury while snowboarding, but continued snowboarding until he experienced a loss of consciousness. Medical evaluation showed a traumatic brain injury (TBI) with right-sided subdural hematoma. The patient's medical history includes multiple previous concussions during high school.

Patient is a computer technician, active in many sports, who was living independently in an apartment prior to the TBI 12 weeks ago. He presents with weakness and incoordination in the left upper extremity, impulsiveness, socially inappropriate behavior, short term memory loss, balance impairment, and double vision impacting driving, functional mobility, meal preparation, , and reading.

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: The occupational therapist reviews the intake forms (e.g. patient questionnaires), occupational profile, the medical and therapy history, and the physicians orders. Communicate with other health care professionals as appropriate.

Description of Intra-Service Work: [It is important to note that there is wide variability in the patient injuries and/or deficits that may require occupational therapy. The service description provided below is based on the particular patient in the vignette.]

The occupational therapist performs multiple assessments, including ADL, range of motion, muscle testing, muscle tone, gross and fine motor coordination, balance and vestibular status, sensory discrimination, vision and perception, and executive function. The therapist identified performance problems in ADLs related to left-sided neglect, left UE weakness, decreased touch pressure sensation in left hand/forearm and pain. Loss of short-term memory, impulsivity, and decreased mental flexibility also are observed. This is supported by results of the Executive Function Performance Test which also showed multiple deficits in sequencing, initiation of tasks and safety/judgment which impact his ADLs and IADLs.

Based on patient occupational profile, history and assessment results, the OT develops a plan of treatment including addressing performance and safety deficits in ADLs Based on patient occupational profile, history and assessment results, the OT develops a plan of treatment addressing performance and safety deficits in ADLs, including neuromuscular re-education (e.g., coordinating, positioning, bi-lateral standing activities), falls prevention training, pain reduction strategies, increasing left side body awareness, and training in compensatory strategies to improve memory and organizational skills and manage daily routines. including increasing left side body awareness, neuromuscular re-education, balance and falls prevention programming, pain reduction strategies, compensatory strategies to improve memory, organizational skills and daily routines. The therapist discusses safety issues and the plan of care with the patient with the caregiver. Exercises the patient could perform at home were demonstrated using appropriate equipment.

Description of Post-Service Work: The occupational therapist documents the assessment that occurred and the resulting plan of care, including the home program and any equipment provided to the patient. A note to the referring physician outlining treatment goals, therapy frequency and duration.is also completed as part of the post evaluation work. In addition, the OT must document the patient's functional scale, based on CMS G codes goal for patient based level of imparment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015				
Presenter(s):	Mary Foto Katie Jordan				
Specialty(s):	American Occupational Therapy Association				
CPT Code:	97X67				
Sample Size:	7000	**Resp N:** 153	**Response:** 2.1 %		
Description of Sample:	Random				
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**15.00**	48.00	600.00
Survey RVW:	0.80	1.50	**1.80**	2.60	5.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	45.00	**60.00**	65.00	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)

XXX Global Code

CPT Code:	97X67	**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:		**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:		**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:	**20.00**	**0.00**	**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 0.0 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
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
96111	XXX	2.60	**RUC Time**

CPT Descriptor Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) 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
95861	XXX	1.54	**RUC Time**	35,941

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
92004	XXX	1.82	**RUC Time**	2,267,584

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

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: 86 **% of respondents:** 56.2 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 21.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X67	**Top Key Reference CPT Code:** 99203	**2nd Key Reference CPT Code:** **96111**
Median Pre-Service Time	10.00	4.00	5.00
Median Intra-Service Time	60.00	20.00	60.00
Median Immediate Post-service Time	20.00	5.00	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	**90.00**	**29.00**	**95.00**
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	1.02	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.12	0.94
Urgency of medical decision making	0.94	0.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.21	1.00

Physical effort required	1.27	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.93	0.48
Outcome depends on the skill and judgment of physician	1.22	1.09
Estimated risk of malpractice suit with poor outcome	0.74	0.42

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code

Time Segment (Mean)

Overall intensity/complexity	1.28	1.30

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.

Currently there is only a single code, 97003, for occupational therapy evaluation. 97003 is valued at 1.20 WRVUs, with 7 min pre-service, 45 min intra-service and 5 min immediate post-service time. The survey results for the high complexity occupational therapy evaluation, 97X67, greatly exceed those of the existing code. 97X67 had a median WRVU that was 0.60 greater than 97003 and the intra-service time was 15 min greater. The surveyed pre-service time and post-service time was greater than 97003, for a total time that was 38 min greater than existing code 97003.

The primary selected reference service was 99203 which has 1.42 WRVUs with 20 min of intra-service work, and the secondary reference was 96111 which has 2.60 WRVUs with 60 min of intra-service work. The intra-service time for 99203 is only 1/3rd of the intra-service median for the surveyed code 97X67 at 60 min. The intra-service time for 96111 is the same as surveyed code 97X67, but the WRVU is 0.8 higher for 96111. In addition, the median pre-service time for 97X67 was 20 min and the median post-service time was 30 min, compared to 4 min pre-service and 5 min post-service for 99203, and 5 min pre-service and 30 min post-service for 96111.

The median survey WRVU and all time components compare favorably to services and procedure on the MPC. CPT code 95861, Needle electromyography; 2 extremities with or without related paraspinal areas, is valued at 1.54 WRVUs with 10 pre-service, 29 intra-service and 10 post-service. 95861 has 0.26 fewer WRVUs, 31 min less intra-service time and 61 min less total time than the median survey times for 97167X. CPT code 92004, Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits, is also an E/M type service and has 1.82 WRVUs with 5 pre-service, 25 intra-service and 10 post-service. The total time for 92004 is 40 min which is substantially less than the surveyed occupational therapy code 97X67 at 110 min. 92004 is 0.02 WRVUs greater than 97X67 with a 70 min total time difference.

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) CPT code 97003, occupational therapy evaluation, was reported 173,201 times based on Medicare claims data for 2013

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 Occupational Therapy 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? 31689
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 Medicare utilization of 17,320 and assuming that 16% of the U.S. population is covered by Medicare (http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/)

Specialty Occupational Therapy Frequency 31689 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? 17,283 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. TBI are among the most challanging patient cases. The deficits are not always apparent, requiring a more substantial evaluation. TBIs are less common than anoxic brain injuries, which are more common, and require lower level evaluation.

Specialty Occupational Therapy Frequency 17283 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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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. 97003

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97X68 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Reevaluation of occupational therapy established plan of care, requiring these components:
• An assessment of changes in patient functional or medical status with revised plan of care;
• An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
• A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required.
Typically, XXX minutes are spent face-to-face with the patient and/or family.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with diagnosis of left cerebrovascular accident (CVA) and right hemiparesis and mixed aphasia is referred for a re-evaluation due to his improved functional mobility and change to living environment requiring new goals. He has been living with his son and daughter-in-law and primarily uses a wheelchair for mobility. He has been seen for 12 outpatient occupational therapy visits focusing on increasing independence in self-care activities and functional mobility skills. He will be returning to his own home and would like to return to working as an accountant.

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: The occupational therapist reviews the intake forms (e.g. patient questionnaires), occupational profile, the medical and therapy history, and the physicians orders. Communicate with other health care professionals as appropriate.

Description of Intra-Service Work: The occupational therapist completes a re-evaluation which includes assessment of LUE BUEROM active range and , strength, sensation, vision and perception, balance, and bilateral coordination. The occupational therapist assesses functional and community mobility with the patient progressing to a seated wheeled walker. The Executive Function Performance Test was administered to assess potential deficits in executive function and cognition related to home management and work. Based on assessment results, the updated OT plan of care is reviewed with the patietn and includes strategies to train cognitive, visual, motor and coordination skills to safely manage home and work activities in his new living environment.

CPT Code: 97X68

Description of Post-Service Work: The occupational therapist documents the re-evaluation that occurred and the resulting plan of care, including ncludes strategies to train cognitive, visual, motor and coordination skills to safely manage home and work activities in his new living environment. A note to the referring physician is also completed as part of the post re-evaluation work. In addition, the OT must document the patient's functional scale, based on CMS G codes goal for patient based level of imparment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2015		
Presenter(s):	Mary Foto Katie Jordan		
Specialty(s):	American Occupational Therapy Association		
CPT Code:	97X68		
Sample Size:	7000	**Resp N:** 158	**Response:** 2.2 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**11.00**	50.00	500.00
Survey RVW:	0.01	0.80	**1.00**	1.54	3.75
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	20.00	**30.00**	45.00	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)

XXX Global Code

CPT Code:	97X68	**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:		**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:		**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
99202	XXX	0.93	**RUC Time**

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99201	XXX	0.48	**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 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
92012	XXX	0.92	**RUC Time**	6,792,544

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92507	XXX	1.30	**RUC Time**	118,073

CPT Descriptor 2 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

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: 58 **% of respondents:** 36.7 **%**

Number of respondents who choose 2nd Key Reference Code: 38 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 97X68	**Top Key Reference CPT Code:** 99202	**2nd Key Reference CPT Code:** **99201**
Median Pre-Service Time	5.00	2.00	2.00
Median Intra-Service Time	30.00	15.00	10.00
Median Immediate Post-service Time	10.00	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	**45.00**	**22.00**	**17.00**
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	-0.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.05	0.03

Urgency of medical decision making	-0.09	0.05

Technical Skill/Physical Effort (Mean)

Technical skill required	0.31	0.29
Physical effort required	0.28	0.26

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.12	-0.08
Outcome depends on the skill and judgment of physician	0.50	0.34
Estimated risk of malpractice suit with poor outcome	0.00	-0.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.34	0.26

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.

Currently there is a single code, 97004, for occupational therapy reevaluation. Code 97004 is valued at 0.60 WRVUs, with 3 min pre-service, 30 min intra-service and 2 min immediate post-service time. The survey results for the new occupational therapy reevaluation, 97X68, are similar to the existing code with the same intra-service time, but with significantly greater pre and post-service time at 10 min and 20 min respectively. The total time for the new reevaluation code is 60 min compared to 35 min for the existing code. The RUC last looked at the OT reevaluation code in 1997. The new reevaluation code is much more specific with respect to the documentation requirements written into the CPT code language.

The primary selected reference service was 99202 which has 0.93 WRVUs with 15 min of intra-service work, and the secondary reference service was 99201 which has 0.48 WRVUs with 10 min of intra-service work. Both reference services have intra-service times that are considerably lower than the median of 30 min for 97X68. Reference code 99202 has 0.07 fewer WRVUs as the median WRVU for 97X68, but at 15 min it has ½ the intra-service time. In addition, the median pre-service time for 97X68 was 10 min and the median post-service time was 20 min, compared to 2 min and 5 min for both the reference services.

The median survey WRVU and all time components compare favorably to services and procedure on the MPC. CPT code 92012, Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient, is a similar patient reevaluation service to the occupational therapy reevaluation. Code 92012 is valued at 0.92 WRVUs with 5 min pre-service, 15 min intra-service, and 5 min post-service. The surveyed occupational therapy evaluation code 97X68 has twice the intra-service time and only 0.08 additional WRVUs. CPT code 92507, treatment of speech, language, voice, communication, and/or auditory processing disorder;

individual, is valued at 1.30 WRVUs with 5 pre-service, 50 intra-service and 5 post-service. The total time for 92507 is 60 min which compares favorably to the surveyed occupational therapy code 97165 at 58 min. 92507 is 0.37 WRVUs greater than 97X65 with only a 2 min time difference.

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) CPT code 97004, occupational therapy reevaluation, was reported 27,645 times based on Medicare claims data for 2013

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 Occupational Therapy 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? 50867
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 Medicare utilization and assuming that 16% of the U.S. population is covered by Medicare (http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/)

Specialty Occupational Therapy Frequency 50867 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? 29,864 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. New CPT code 97168X is an enhancement of the existing re-evaluation CPT code, 97004. The new code has better specified ctiteria for reporting in terms of the documentation and the components of care, utiliation is expeted to remain stable if not possibly go down a little due to the specific documentation requirements.

Specialty Occupational Therapy Frequency 29864 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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

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. 97004

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.)

Mary Foto
Signature

Mary Foto
Printed Signature

American Occupational Therapy Association
Specialty Society

9.7.13
Date

AMA/Specialty Society RVS Update Committee (RUC)
Financial Disclosure Statement For
Specialty Society Presenters

I certify that my personal or my family members'* direct financial interest in, and my personal or my family members' affiliation with or involvement in any organization or entity with a direct financial interest in the development of relative value recommendations in which I am participating are noted below. Otherwise, my signature indicates I have no such direct financial interest or affiliation with an organization with a direct financial interest, other than providing these services in the course of patient care.

For purposes of this disclosure "direct financial interest" means:

- A financial ownership interest in an organization** of 5% or more; or
- A financial ownership interest in an organization** which contributes materially*** to your income; or
- Ownership of stock options in an organization**; or
- A position as proprietor, director, managing partner, or key employee in an organization**; or
- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization** or participate in a clinical trial that involves the services being reviewed, where payment contributes materially*** to your income.

**Family member means spouse, domestic partner, parent, child, brother or sister. Disclosure of family member's interest applies to the extent known by the representative or presenter..*

*** Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.*

****Materially means $10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.*

Include only interests that relate to the specific issue that you are presenting at this RUC meeting.

Specific Disclosure (i.e., list organization)	Explain relationship between the service(s) that you are presenting and your disclosure	Identify interest for the past 24 months (circle one)	Identify cumulative lifetime interest (circle one)	If disclosure relates to stock, please list number of shares owned, options or warrants
		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	
		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	
		N/A < $10,000 ≥ $10,000	< $10,000 ≥ $10,000	

Agenda Tab/Issue

Mary Foto
Signature

Mary Foto
Print Name

9.7.15
Date

American Occupational Therapy Assoc.
Specialty Society

Revised: January 2015

STATEMENT OF COMPLIANCE WITH
RELATIVE VALUE SCALE UPDATE COMMITTEE ("RUC")
CONFLICT OF INTEREST POLICY

I understand that I am expected to comply with the Conflict of Interest Policy of the RUC. To my knowledge and belief, I am in compliance with the Conflict of Interest Policy. I will disclose any direct financial interests in specific issues considered by the RUC, or any subcommittee or workgroup of the RUC, and I will recuse myself from deliberation and vote on any issue in which I or any family member have a direct financial interest. I understand that I have a continuing responsibility to comply with the Conflict of Interest Policy, and I will promptly disclose my direct financial interests required to be disclosed under this Policy.

Date: 9.7.15 Signature: Mary Foto

Print Name: Mary Foto

ISSUE: Physical Medicine and Rehabilitation Evaluation Services
TAB: 17

					RVW					Total	pre	INTRA					post
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	pre	MIN	25th	MED	75th	MAX	post
REF1	99201	Office/outpatient visit new	62	0.032			0.48			17	2			10			5
REF2	99202	Office/outpatient visit new	46	0.052			0.93			22	2			15			5
current	97003	Occupational therapy evaluation		0.021			1.20			57	7			45			5
SVY	97X65	Low Complexity Evaluation	152	0.010	0.06	0.50	0.93	1.36	3.00	58	10	10	20	30	35	120	18
Xwalk	92002	Ophthalmological services:		0.044			0.88				5			15			5
REC	97X65	OT Low Complexity Evaluation		0.017			0.88			47	5			30			12
REF1	99202	Office/outpatient visit new	64	0.052			0.93			22	2			15			5
REF2	99203	Office/outpatient visit new	58	0.061			1.42			29	4			20			5
current	97003	Occupational therapy evaluation		0.021			1.20			57	7			45			5
SVY	97X66	Moderate Complexity Evaluation	165	0.012	0.48	1.00	1.42	1.75	4.26	85	15	15	30	45	55	130	25
REC	97X66	OT Moderate Complexity Evaluati		0.017			1.20			65	10			45			10
REF1	99203	Office/outpatient visit new	86	0.061			1.42			29	4			20			5
REF2	96111	Developmental testing, with interp	33	0.030			2.60			95	5			60			30
current	97003	Occupational therapy evaluation		0.021			1.20			57	7			45			5
SVY	97X67	High Complexity Evaluation	153	0.011	0.80	1.50	1.80	2.60	5.00	110	20	15	45	60	65	240	30
Xwalk	96125	Standardized cognitive		0.026			1.70				7			60			0
REC	97X67	OT High Complexity Evaluation		0.017			1.70			90	10			60			20
REF1	99202	Office/outpatient visit new	58	0.052			0.93			22	2			15			5
REF2	99201	Office/outpatient visit new	38	0.032			0.48			17	2			10			5
current	97004	Occupational therapy reevaluatior		0.016			0.60			35	3			30			2
SVY	97X68	Occupational therapy reevaluatior	158	0.011	0.01	0.80	1.00	1.54	3.75	60	10	5	20	30	45	180	20
REC	97X68	OT reevaluation		0.015			0.80			45	5			30			10

CPT Code: 97X61-97X64
Specialty Society(‘s): APTA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

97X61 Physical therapy evaluation: **low complexity**, requiring these components:
- A history with no personal factors and/or comorbidities that impact the plan of care;
- A examination of body system(s) using standardized tests and measures addressing 1-2 of any of the following: body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with stable and/or uncomplicated characteristics; and
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97X62 Physical therapy evaluation: **moderate complexity**, requiring these components:
- An history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures in addressing 3 of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- An evolving clinical presentation with changing characteristics; and
- Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97X63 Physical therapy evaluation: **high complexity**, requiring these components:
- A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures addressing 4 or more of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with unstable and unpredictable characteristics; and
- Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97X64 **Reevaluation** of physical therapy established plan of care, requiring these components:
- An examination including a review of history and use of standardized tests and measures is required; and
- Revised plan of care using a standardized patient assessment instrument and/or measureable assessment of functional outcome

Typically, XXX minutes are spent with the patient and/or family.

Global Period XXX **Meeting Date** October 2015

Recommendation No Facility practice expense direct inputs are recommended.

CPT Code: 97161X-97164X
Specialty Society(‘s): APTA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

97161X Physical therapy evaluation: **low complexity**, requiring these components:
- A history with no personal factors and/or comorbidities that impact the plan of care;
- An examination of body system(s) using standardized tests and measures addressing 1-2 of any of the following: body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with stable and/or uncomplicated characteristics; and
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97162X Physical therapy evaluation: **moderate complexity**, requiring these components:
- A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures in addressing 3 of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- An evolving clinical presentation with changing characteristics; and
- Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97163X Physical therapy evaluation: **high complexity**, requiring these components:
- A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care;
- An examination of body systems using standardized tests and measures addressing 4 or more of any of the following body structures and functions, activity limitations, and/or participation restrictions;
- A clinical presentation with unstable and unpredictable characteristics; and
- Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Typically, XXX minutes are spent with the patient and/or family.

97164X **Reevaluation** of physical therapy established plan of care, requiring these components:
- An examination including a review of history and use of standardized tests and measures is required; and
- Revised plan of care using a standardized patient assessment instrument and/or measureable assessment of functional outcome

Typically, XXX minutes are spent with the patient and/or family.

Global Period XXX **Meeting Date** October 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:
An expert consensus panel of physical therapists from different types of practice and different geographic locations reviewed the direct inputs for current codes 97001 and 97002 and E/M codes for office visits. The recommendations shown below and on the separately submitted Excel file with detailed inputs are based on this review.

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 have used the current code 97001, along with other reference codes 99201-99204 that bracket the three new PT evaluation codes 97161X-97163X.
- We have used the current code 97002, along with other reference codes 99212-99213 that bracket the new PT reevaluation code 97164X.

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:

Compelling Evidence (CE) for 97161X-97164X

The APTA believes there is compelling evidence that the clinical staff time for physical therapy evaluation and reevaluation services have changed since the previous PEAC review in 2001 due to the types of patients that are being seen, earlier access to PT services, use of technology, and an increase in documentation requirements. In addition, the PEAC review in 2001 was related to the physical therapist work, however, the physical therapist work has not been reviewed since 1997.

The work related to physical therapy evaluation and reevaluation has increased due to new mandatory requirements regarding performance and outcome measurement and quality reporting, a patient population that is diverse, living with more chronic comorbidities, accessing services earlier and, technology creating opportunity for additional types of treatment approaches. Moreover, there are increased documentation requirements, reflecting the emphasis on quality of care and outcomes focused management with increased accountability. This has increased the work for both the physical therapist and the PT clinical staff.

Increased documentation. The physical therapy evaluation and reevaluation services are very similar to certain levels of the E/M office visit codes. The amount of work involved in documenting services in the medical record, for example, has increased dramatically. The emphasis of Medicare and other insurers on medical necessity has continued to grow. Similar to increased documentation required for E/M office visit services, the documentation for physical therapy evaluation and reevaluation services has increased. The 2015 Medicare Benefit Policy Manual, Chapter 15, describes (in detail) the documentation that is a necessary part of a physical therapy evaluation or reevaluation (please see attached excerpt from Section 220.3 of the manual). These extensive documentation requirements were implemented in 2005 and subsequently amended in 2008 (after the 1997 HCPAC review and after the 2001 PEAC review of 97001 and 97002). Specific policy, related to documentation of functional status, reporting treating diagnosis, contents of the plan of care, certification of the plan of care, progress reports, treatment notes, and discharge summaries are detailed in this chapter of the CMS benefit policy manual. The functional reporting requirement was a result of *The Middle Class Tax Relief and Job Creation Act of 2012*[1] and included a provision that mandated the collection of information regarding the beneficiaries function and condition, therapy services furnished, and outcomes achieved on the claim forms. The goal was to be able to the use the data in the future to reform payment policies. The FLR reporting program was implemented on July 1, 2013 and requires therapists to capture data on the patients functional limitations at the outset of the therapy episode (ie, as part of the evaluation), specified points during the episode and at discharge on the patient's functional status and projected goal. This

[1] The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

is reporting that must be performed in conjunction with a patient visit and documented by the physical therapist with the assistance of clinical staff.

Change in knowledge/technology. There has been an increase in the complexity of data to be evaluated, requiring increased integration of much more information than when 97001 and 97002 were last reviewed. Over the course of the last 10 years the publication of clinical guidelines related to physical therapy evaluation and interventions has exponentially increased with new and updated documents being published annually or even more frequently. These changes have increased the clinical staff work.

Change in patient. In today’s environment, where the public is clamoring for information about, and access to, care and want it “on demand,” physical therapists and their clinical staff, like other health care providers, are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to therapy but also creates a need to be aware of the potential for care and for resources related to care. There is a much higher level of expectation placed on the therapists and their clinical staff. As a result, the physical therapy evaluation today requires more time both in the preparation and in the execution of the key elements of the evaluation. In order to meet the challenges and responsibilities of being a practitioner today (versus 18 years ago), the therapist must be able to effectively examine the patient, evaluate the findings and communicate the best plan for managing the patient’s complaints, functional impairments, access to resources, and return to function to multiple parties (patient, caregiver and payer) as well as report the projected and actual outcomes to the patient, caregiver, payer and other healthcare providers downstream. As the therapist work increases, so does the clinical staff.

Speaking to the complexity issue and how patients are presenting for their physical therapy care, according to the CDC, in 1994, almost all states had prevalence of obesity less than 18%. In 2000, only 13 states had a prevalence of less than 18%, and 11 states exceeded 22%. In 2013, no state had a prevalence of less than 18%; almost all states exceeded 22% and 38 of these states exceeded 26%.[2] Nationally, in 2013 more than one-third of the US population was overweight and 28 percent of the US population was obese.[3] These alarming statistics related to the incidence of obesity creates a host of other concerns in regards to patient’s comorbidities (eg, Type II diabetes, COPD, hypertension, heart failure, and joint and spine degeneration). These comorbidities require more time and physical effort during therapy evaluation and reevaluation.

Finally, age and disability go hand-in-hand with the demographics of our aging population. In 2010, more than two-thirds of Medicare beneficiaries had two or more chronic conditions, such as HTN, IHD, arthritis, diabetes, heart failure, chronic kidney disease, and depression.[4] According to census data, 98.2% of all people in their 90s who lived in a nursing home had a disability and/or condition that prevented them from taking care of themselves, and 80.8% of people in their 90s who did not live in a nursing home also had one or more disabilities. Overall, the proportion of people age 90 to 94 having disabilities is more than 13 percentage points higher than that of the 85-89-year-old age group.[5] These older patients present a special challenge because, in addition to physical disabilities, there is also often concurrent cognitive decline, polypharmacy, and complex psychosocial issues, all of which take additional effort and time.

Clinical Staff Time

Row 25: We recommend an increase from 1 minute to 3 minutes, reflective of one phone call. When the PEAC reviewed 97001 and 97002, there was no standard for phone calls. Patients coming to physical therapy will not bring prior imaging, operative reports, prior assessments, provider plan of care and treatment goals. Obtaining these records will take more than one minute.

[2] http://www.cdc.gov/diabetes/statistics/slides/maps_diabetesobesity94.pdf
[3] http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?statecode=94
[4] 2012 CMS Chartbook
[5] http://usgovinfo.about.com/od/healthcare/a/Living-Past-90-In-America.htm

Row 30: We recommend an increase from 3 minutes to 5 minutes for 2X, 3X, and 4X. When the PEAC reviewed 97001 and 97002, there was no standard time for taking vitals.

Row 37: The current PT Assistant time for 97001 is 8 minutes and for 97002 is 3 minutes. As described above under compelling evidence, required documentation has increased significantly. We are recommending times consistent with clinical staff times related to E/M services (row 36).

Row 58: As presented above under compelling evidence, in today’s environment, where the public is clamoring for information about, and access to, care and want it “on demand,” health care providers are needing to respond in how they practice and how they communicate with their patients. More informed patients/families are and should be actively involved in decision-making about their care and are much more prepared when accessing their choice of health care provider. This brings not only a more informed person to therapy but also creates a need to be aware of the potential for care and for resources related to care. After the patient has left the therapy evaluation or reevaluation, it is very likely that the patient, a family member, or the caregiver will contact the therapist’s clinical staff with questions about home instructions for exercise and/or pain. Therefore, we are recommending 3 minutes for one post-service phone call.

Supplies
Rows 70 and 71: We are recommending two additional supply items that are necessary and related to these services; sanitizing cloths for cleaning the surfaces of equipment and instruments, and copy paper for the self reporting forms and measures. The cleaning supply might have been overlooked, but since many patients are post-surgical, elderly and frail, it is very important that surfaces are cleaned between patient encounters. With respect to copy paper, the use of self reporting forms and measures goes hand in hand with the new documentation requirements.

Equipment:
It is important to note that there is no typical – or even dominant – type of patient who requires physical therapy. The equipment items listed are only “some” of the much larger array of standard equipment that would be found in a physical therapy office that may be used during an evaluation or reevaluation.

Row 73: Equipment item EF028 “table, mat, hi-lo, 6 x 8 platform” has been set at 2/3 of the physical therapist intra-time. This item will be used for the exam, for many of the evaluation measures, and for brief rest as needed between other equipment use.

Rows 76, 77, 78: We are recommending one additional equipment item, a treadmill (EQ243) and significantly decreasing the time for parallel bars (EQ201) and hand dexterity kit (EQ148).

For the rest of the items, we have set the times related to each piece of equipment based on expert panel discussion of the types of patients that would present for each level of evaluation complexity and for reevaluation. **The times are not related specifically to any clinical staff line items and therefore and equation is not shown.** This is how equipment times were set before - based on expert panel opinion.

For comparison to deleted codes 97001 and 97002, it may also be helpful to consider the total time for equipment for each code. Codes 97001 and 97002 include 50 minutes total time for all equipment items. The APTA expert panel has revised the times for each equipment item and the total equipment time for each code is shown on Row 79.

5. Please describe in detail the clinical activities of your staff:

Physical Therapy Assistant: A PTA must graduate with an associate degree (two years, usually five semesters) from an accredited PTA program at a technical or community college, college, or university. Graduates must pass the national examination for licensing/certification/regulation in all states to be eligible to work. PTAs work under the direction of a physical therapist (PT). Licensure or certification is required in each state in which a PTA works and must be renewed on a regular basis, with a majority of states requiring continuing education as a requirement for renewal. PTAs' scope of work and supervision requirements are defined by the physical therapy practice act in each state as well as by payer policy.
Physical Therapy Aide: Training for this position is often gained purely on the job or through technical education programs.

ACTIVITY	CMS code	Staff type	Notes
PRE-SERVICE – before patient enters office			
Other Clinical Activity Low: 3 Mod: 3 High: 3 Reeval: 3	L039B	PT Asst	Prior to the patient arriving at the office for a PT evaluation, the PT Assistant contacts other providers as necessary to obtain prior imaging, op reports, as well as prior assessments, plan of care, and treatment goals. We believe that at least one phone call will be typical and are recommending 3 minutes for this activity.
SERVICE PERIOD - Start: When patient enters office			
Greet patient, provide gowning, ensure appropriate medical records are available Low: 3 Mod: 3 High: 3 Reeval: 3	L023A	PT Aide	The PT Aide will greet the patient and provide either a gown or shorts/shirt as appropriate for the type of evaluation that will be performed. The Aide may also need to assist the patient with changing into these garments. The Aide will ensure that all records are available for this visit.
Obtain vital signs Low: 3 Mod: 5 High: 5 Reeval: 5	L039B	PT Asst	The PT Assistant will take vital signs including BP, height, weight, pulse, pain score, gait speed. 1X will require 3 vitals (3 min) and 2X-4X will require 4-6 vitals (5 min).
Provide pre-service education/obtain consent Low: 2 Mod: 2 High: 2 Reeval: 2	L039B	PT Asst	The PT Assistant will provide a brief overview of the purpose and process of the evaluation/reevaluation to the patient/family/caregiver. Standard 2 minutes is recommended.
Prepare room, equipment, supplies Low: 2 Mod: 2 High: 2 Reeval: 2	L023A	PT Aide	Based on instructions from the PT and/or PT Assistant, the Aide will ensure necessary supplies, such as goniometer, volumeter set, two point discrimination tester, belts, k-bands, weights, and evaluation/testing forms are available. Standard 2 minutes is recommended.
Prepare and position patient/ monitor patient/ set up IV Low: 0 Mod: 2 High: 2 Reeval: 2	L023A	PT Aide	The PT Aide will assist with positioning the patient on the exam table. Although this can be very time consuming for many patients who will have limited mobility, the standard 2 minutes is recommended.
Other Clinical Activity Low: 5 Mod: 10 High: 12 Reeval: 5	L039B	PT Asst	The PT Assistant will obtain medical and medication history. Standardized pain assessment tools (eg, VAS, McGill Pain Q, Verbal Numeric Scale) and a functional outcome tool are provided and explained to patient/family/caregiver with verification of completion. A fall history is taken and a balance assessment tool is provided and explained. The recommended times relate well to similar clinical staff activities for E/M codes as shown on the PE Spreadsheet. 1X: PTA would be involved in completion of 1 assessment tool, requiring 5 min. PTA provides the survey assessment tool to the patient, makes sure it is complete, scores it, and puts it in the

ACTIVITY	CMS code	Staff type	Notes
			record for the PT. The PTA would review and verify the medication list. The PTA would have the patient complete a verbal balance questionnaire. 2X: PTA is doing the same activities as described above, plus the PTA would provide a performance based assessment tool and score it. We have added an additional 5 minutes, totaling 10 minutes for this code. 3X: PTA performs the activities described in 1X and 2X. Additionally, we anticipate the level of communication with the patient would be more difficult for the 3X code due to diagnosis, comorbidities and other factors. For example, the level 3 patient may have a cognitive problem or be more challenging and require more PTA time due to age and complications of their condition. Therefore, we recommend a total of 12 minutes for this code. 4X: PTA performs the activities described in 1X and 2X. PTA will redo the same tests due to functional limitation and quality reporting.
INTRA: Assist Physical Therapist Low: 5 Mod: 10 High: 15 Reeval: 7	L039B	PT Asst	The PT Assistant will assist the PT with the exam / evaluation which includes obtaining and recording measures. APTA’s expert panel looked at the equipment and types of evaluations for each of the levels of the codes. The panel also looked at typical examples of patients seen at those levels and estimated the amount of time you would need an assistant to move the patient and help to record the information as the physical therapist is working with the patient. This is the extra pair of hands that is needed when the patient is with the physical therapist similar to the blended staff type of all procedure codes and other services. The recommended times are based on expert panel discussion and are a percentage of the PT intra-service time, as follows: 1X: 25% of PT intra-time of 20 min = 5 min 2X: 33% of PT intra-time of 30 min = 10 min 3X: 33% of PT intra-time of 45 min = 15 min 4X: 33% of PT intra-time of 20 min = 7 min
Clean room/equipment Low: 3 Mod: 3 High: 3 Reeval: 3	L023A	PT Aide	The PT Aide will clean all equipment surfaces and tools. Standard 3 minutes is recommended.
POST-SERVICE Period Start: Patient leaves office/facility			
Conduct phone calls/call in prescriptions Low: 0 Mod: 3 High: 3 Reeval: 3	L039B	PT Asst	When patients leave the office, they will have a plan of care that will include home instructions and exercises. It is very common for patients/family/caregivers to contact the office with questions about these instructions and questions about medications for post-evaluation pain/soreness. We believe that at least one phone call will be typical and are recommending 3 minutes for this activity for 2X, 3X, and 4X.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1						PEAC	PEAC	REC	PEAC	REC	PEAC	REC	PEAC
2						97001	99201	97X61	99202	97X62	99203	97X63	99204
3	Meeting Date: October 2015 Tab: 17 Specialty: APTA	CMS Code	Staff Type	CMS Code	Staff Type	PT Evaulation	E&M New Patient Level 1	Low-Level PT Evaluation	E&M New Patient Level 2	Moderate PT Evaluation	E&M New Patient Level 3	Complex PT Evaluation	E&M New Patient Level 4
4	LOCATION					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
6	TOTAL CLINICAL LABOR TIME					34	24	26	38	43	51	50	61
7	TOTAL PRE-SERV CLINICAL LABOR TIME					4	0	3	1	3	2	3	3
8				L037D	RN/LPN/MTA		0		1		2		3
9		L023A	PT Aide			3		0		0		0	
10		L039B	PT Asst			1		3		3		3	
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME					28	23	23	33	37	43	44	50
12				L037D	RN/LPN/MTA		23		33		43		50
13		L023A	PT Aide			10		8		10		10	
14		L039B	PT Asst			18		15		27		34	
15	TOTAL POST-SERV CLINICAL LABOR TIME	L039B	PT Asst	L037D	RN/LPN/MTA	2	1	0	4	3	6	3	8
16	PRE-SERVICE												
17	Start: Following visit when decision for surgery or procedure made												
23	Other Clinical Activity Verify/Coord availability of resources/equipment	L023A	PT Aide			3		0		0		0	
24	Other Clinical Activity Review/read X-ray, lab, pathology reports			L037D	RN/LPN/MTA		0		1		2		3
25	Other Clinical Activity contact providers as necessary eg, for prior imaging, op reports, prior assessments, plan of care, treatment goals (minimum of one phone call)	L039B	PT Asst			1		3		3		3	
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	L023A	PT Aide	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3
30	Obtain vital signs	L039B	PT Asst	L037D	RN/LPN/MTA	3	3	3	5	5	5	5	5
31	Provide pre-service education/obtain consent	L039B	PT Asst	L037D	RN/LPN/MTA	2	4	2	5	2	9	2	11
32	Prepare room, equipment, supplies	L023A	PT Aide	L037D	RN/LPN/MTA	2	2	2	2	2	2	2	2
34	Prepare and position patient/ monitor patient/ set up IV	L023A	PT Aide	L037D	RN/LPN/MTA	2	2	0	2	2	2	2	2
36	Other Clinical Activityy: Review history, systems, and medications			L037D	RN/LPN/MTA		5		10		12		15
37	Other Clinical Activity: obtain/record medical and medication history, self assessment tools, and fall screening for PT review.	L039B	PT Asst			8		5		10		12	
38	Intra-service												
39	Assist physician in performing procedure			L037D	RN/LPN/MTA		1		3		5		6
40	Assist physical therapist with exam/evaluation Obtain / record measures	L039B	PT Asst			5		5		10		15	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1						PEAC	PEAC	REC	PEAC	REC	PEAC	REC	PEAC
2						97001	99201	97X61	99202	97X62	99203	97X63	99204
3	**Meeting Date: October 2015** **Tab: 17** **Specialty: APTA**	**CMS Code**	**Staff Type**	**CMS Code**	**Staff Type**	**PT Evaulation**	**E&M New Patient Level 1**	**Low-Level PT Evaluation**	**E&M New Patient Level 2**	**Moderate PT Evaluation**	**E&M New Patient Level 3**	**Complex PT Evaluation**	**E&M New Patient Level 4**
4	**LOCATION**					**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**
42	**Post-Service**												
45	Clean room/equipment	**L023A**	**PT Aide**	**L037D**	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**L037D**	RN/LPN/MTA		**0**		**0**		**2**		**3**
55	**End: Patient leaves office**												
56	**POST-SERVICE Period**												
57	**Start: Patient leaves office/facility**												
58	Conduct phone calls/call in prescriptions	**L039B**	**PT Asst**			0	1	**0**	4	**3**	6	**3**	8
66	Other Clinical Activity - **record data and results, complete record**	**L039B**	**PT Asst**			**2**		**0**		**0**		**0**	
68	**MEDICAL SUPPLIES***	**CODE**	**UNIT**										
69	pack, minimum multi-specialty visit	**SA048**	**pack**			**1**		**1**		**1**		**1**	
70	sanitizing cloth-wipe (surface, instruments, equipment)	**SM022**	**item**					**5**		**5**		**6**	
71	paper, laser printing (each sheet)	**SK057**	**item**					**4**		**4**		**4**	
72	**EQUIPMENT**	**CODE**											
73	table, mat, hi-lo, 6 x 8 platform	**EF028**				**20**		**13**		**20**		**30**	
74	rehab and testing system (BTE primus)	**EQ219**				**10**		**5**		**10**		**10**	
75	stairs, ambulation training	**EQ231**				**5**		**5**		**5**		**5**	
76	parallel bars, platform mounted	**EQ201**				**5**		**0**		**0**		**5**	
77	kit, hand dexterity, sensory, strength	**EQ148**				**10**		**2**		**2**		**5**	
78	treadmill	**EQ243**						**5**		**3**		**0**	
79	**Total Equipment Time**					**50**		**30**		**40**		**55**	

	A	B	C	N	O	P	Q
1				PEAC	PEAC	REC	PEAC
2				97002	99212	97X64	99213
3	**Meeting Date: October 2015** **Tab: 17** **Specialty: APTA**	**CMS Code**	**Staff Type**	**PT RE-Evaulation**	**E&M Est Patient Level 2**	**Low-Level PT Evaluation**	**E&M Est Patient Level 3**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**27**	**27**	**35**	**36**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**4**	**1**	**3**	**2**
8					*1*		*2*
9		**L023A**	**PT Aide**	*3*		*0*	
10		**L039B**	**PT Asst**	*1*		*3*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**21**	**23**	**29**	**29**
12					*23*		*29*
13		**L023A**	**PT Aide**	*10*		*10*	
14		**L039B**	**PT Asst**	*11*		*19*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L039B**	**PT Asst**	**2**	**3**	**3**	**5**
16	**PRE-SERVICE**						
17	**Start: Following visit when decision for surgery or procedure made**						
23	Other Clinical Activity **Verify/Coord availability of resources/equipment**	**L023A**	**PT Aide**	**3**		**0**	
24	Other Clinical Activity **Review/read X-ray, lab, pathology reports**				**1**		**2**
25	Other Clinical Activity **contact providers as necessary eg, for prior imaging, op reports, prior assessments, plan of care, treatment goals (minimum of one phone call)**	**L039B**	**PT Asst**	**1**		**3**	
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	**L023A**	**PT Aide**	**3**	**3**	**3**	**3**
30	Obtain vital signs	**L039B**	**PT Asst**	**3**	**3**	**5**	**5**
31	Provide pre-service education/obtain consent	**L039B**	**PT Asst**	**2**	**3**	**2**	**5**
32	Prepare room, equipment, supplies	**L023A**	**PT Aide**	**2**	**2**	**2**	**2**
34	Prepare and position patient/ monitor patient/ set up IV	**L023A**	**PT Aide**	**2**	**2**	**2**	**2**
36	Other Clinical Activityy: **Review history, systems, and medications**				**5**		**6**
37	Other Clinical Activity: **obtain/record medical and medication history, self assessment tools, and fall screening for PT review.**	**L039B**	**PT Asst**	**3**		**5**	
38	**Intra-service**						
39	Assist physician in performing procedure				**2**		**3**
40	Assist physical therapist **with exam/evaluation** **Obtain / record measures**	**L039B**	**PT Asst**	**3**		**7**	

	A	B	C	N	O	P	Q
1				PEAC	PEAC	REC	PEAC
2				97002	99212	97X64	99213
3	**Meeting Date: October 2015** **Tab: 17** **Specialty: APTA**	**CMS Code**	**Staff Type**	**PT RE-Evaulation**	**E&M Est Patient Level 2**	**Low-Level PT Evaluation**	**E&M Est Patient Level 3**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
42	**Post-Service**						
45	Clean room/equipment	L023A	PT Aide	3	3	3	3
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
55	**End: Patient leaves office**						
56	**POST-SERVICE Period**						
57	**Start: Patient leaves office/facility**						
58	Conduct phone calls/call in prescriptions	L039B	PT Asst		3	3	5
66	Other Clinical Activity - **record data and results, complete record**	L039B	PT Asst	2		0	
68	**MEDICAL SUPPLIES***	CODE	UNIT				
69	pack, minimum multi-specialty visit	SA048	pack	1		1	
70	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item			5	
71	paper, laser printing (each sheet)	SK057	item			4	
72	**EQUIPMENT**	CODE					
73	table, mat, hi-lo, 6 x 8 platform	EF028		20		13	
74	rehab and testing system (BTE primus)	EQ219		10		5	
75	stairs, ambulation training	EQ231		5		5	
76	parallel bars, platform mounted	EQ201		5		0	
77	kit, hand dexterity, sensory, strength	EQ148		10		2	
78	treadmill	EQ243				2	
79	**Total Equipment Time**			50		27	

	A	B	C	D	E
1		**97161X**	**97162X**	**97163X**	**97164X**
2	**Meeting Date: October 2015 Tab: 17**	**Low-Level PT Evaluation**	**Moderate PT Evaluation**	**Complex PT Evaluation**	**Low-Level PT Evaluation**
3	**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
4	**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
5	**Line 37:** Other Clinical Activity: **obtain/record medical and medication history, self assessment tools, and fall screening for PT review.**	**5**	**10**	**12**	**5**
6	Patient 1	Physical therapy evaluation of a 45-year-old woman 2 weeks status post a grade 3 ankle sprain. She reports mild discomfort and stiffness in the ankle. She has no significant medical history and hopes to return to her job as a delivery person in 3-4 weeks. She ambulates with a cane for short distances on level surfaces and stairs.	Physical therapy evaluation of a 74-year-old man status post open reduction and internal fixation of his right fractured hip. He complains of moderate pain and swelling. Medical history includes a clotting disorder controlled by anti-coagulant therapy. He has a 25-year smoking history. He is non-weight bearing on his right lower extremity and uses a rolling walker on level surfaces. He is unable to use stairs, squat, or drive and has difficulty getting in and out of cars and chairs.	Physical therapy evaluation of a 58-year-old male for problems resulting from a fall 4 weeks ago. The patient fell and hit his head. He has memory loss related to the fall and since the fall, he has experienced weakness and paresthesia in the arm and hand and complains of tinnitus. He has limited his activity level to avoid falls and to compensate for the upper extremity weakness. Medical history includes poorly controlled diabetes, congestive heart failure, and hypertension. He has a sedentary lifestyle and poor compliance with medications. He reports dropping objects and has difficulty with dressing, personal hygiene, and performing light household chores.	Physical therapy reevaluation of a 62 year-old man with low back pain conducted on visit 8 of the episode of care. The patient had been making progress toward his goals and, at his last visit, reported a reduction in pain from 6/10 to 1/10 and an ability to return to driving and light exercise. However, at this visit, he presents with an increase in pain to 8/10 and now describes radiation of pain and sensory loss in the right posterior leg and lateral foot. He is unable to sit for more than 3 minutes.
7	PT Asst Work	PTA reviews and verifies medication list (type and dosage). PTA provides lower extremity functional screen (LEFS) (survey tool) to patient, answers any questions the patient has about the tool, makes sure it is complete, scores the tool, and makes available to the PT. The PTA verbally determines the patient fall history, which is negative.	PTA reviews and verifies medication list (type and dosage). PTA conducts a balance screen, which is positive. The PTA then performs, records and scores balance tests which include conducting a time, up and go (TUG) test and a standing functional reach test. PTA makes this information available to PT.	Due to cognitive issues, the PTA communicates with patient and needs to further verify with caregiver re: their review of their medications. PTA provides a general survey tool (OPTIMAL) related to ADLs, answers any questions the patient/care giver has about the tool. PTA makes sure this tool is complete, and scores the tool The PTA conducts a balance screen, which is positive. The PTA then performs, records and scores balance tests which include conducting a time, up and go (TUG) test and a standing functional reach test. PTA provides all of this information to the PT.	PTA reviews and verifies medication list for any change in meds/dosage. PTA provides Oswestry (survey tool) to patient, answers any questions the patient has about the tool, makes sure it is complete, scores the tool, and makes available to the PT. PTA also conducts a balance screen, which is negative.
8	Patient 2	Compression fracture as result of injury.	Compression fracture, knee osteoarthritis, unstable balance.	Compression fracture, bone cancer, 84 years old, at risk for falls (poor balance), lives by herself, walks with cane, stairs to enter house and stairs within house. Was in hospital for 2 weeks, so has generalized weakness.	
9	PT Asst Work	PTA reviews and verifies medication list (type and dosage). PTA provides Oswestry (survey tool) to patient, answers any questions the patient has about the tool, makes sure it is complete, scores the tool, and makes available to the PT. The PTA verbally determines the patient fall history, which is negative.	PTA reviews and verifies medication list (type and dosage). PTA conducts a balance screen, which is positive. The PTA then performs, records and scores balance tests which includes conducting a time, up and go (TUG) test. PTA also performs, records and scores a lower extremity functional screen (LEFS). PTA makes all of this information available to the PT.	PTA reviews and verifies medication list (type and dosage). PTA conducts a balance screen, which is positive. The PTA then performs, records and scores a balance test, which include conducting a time, up and go (TUG) test. PTA provides general survey tool (OPTIMAL) for ADLs, answers any questions the patient has about the tool, makes sure it is complete, scores the tool, and provides that information to the PT. PTA also provides Oswestry (survey tool) to patient, answers any questions the patient has about the tool, makes sure it is complete, and scores the tool. PTA makes all of this information available to the PT.	

	A	B	C	D	E
1		**97161X**	**97162X**	**97163X**	**97164X**
2	**Meeting Date: October 2015 Tab: 17**	**Low-Level PT Evaluation**	**Moderate PT Evaluation**	**Complex PT Evaluation**	**Low-Level PT Evaluation**
3	**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
4	**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
10	**Line 40:** Assist physical therapist **with exam/evaluation Obtain / record measures**	**5**	**10**	**15**	**7**
11	Patient 1	Physical therapy evaluation of a 45-year-old woman 2 weeks status post a grade 3 ankle sprain. She reports mild discomfort and stiffness in the ankle. She has no significant medical history and hopes to return to her job as a delivery person in 3-4 weeks. She ambulates with a cane for short distances on level surfaces and stairs.	Physical therapy evaluation of a 74-year-old man status post open reduction and internal fixation of his right fractured hip. He complains of moderate pain and swelling. Medical history includes a clotting disorder controlled by anti-coagulant therapy. He has a 25-year smoking history. He is non-weight bearing on his right lower extremity and uses a rolling walker on level surfaces. He is unable to use stairs, squat, or drive and has difficulty getting in and out of cars and chairs.	Physical therapy evaluation of a 58-year-old male for problems resulting from a fall 4 weeks ago. The patient fell and hit his head. He has memory loss related to the fall and since the fall, he has experienced weakness and paresthesia in the arm and hand and complains of tinnitus. He has limited his activity level to avoid falls and to compensate for the upper extremity weakness. Medical history includes poorly controlled diabetes, congestive heart failure, and hypertension. He has a sedentary lifestyle and poor compliance with medications. He reports dropping objects and has difficulty with dressing, personal hygiene, and performing light household chores.	Physical therapy reevaluation of a 62 year-old man with low back pain conducted on visit 8 of the episode of care. The patient had been making progress toward his goals and, at his last visit, reported a reduction in pain from 6/10 to 1/10 and an ability to return to driving and light exercise. However, at this visit, he presents with an increase in pain to 8/10 and now describes radiation of pain and sensory loss in the right posterior leg and lateral foot. He is unable to sit for more than 3 minutes.
12	PT Asst working with PT	PTA helps position the patient, for the examination by the PT and assists with taking and recording the patient's range of motion and strength.	PTA helps position the patient, for the examination by the PT and assists with taking and recording the patient's range of motion and strength. PTA also assists with various transfers in and out of chairs, up and down on treatment table and in the safe assessment of use of stairs, and other functional activities.	PTA assists with taking and recording patient's range of motion, strength, and dexterity (grip test). Cognitive issues also require the PTA to assist with positioning patient and maintaining position during examination.	PTA helps position the patient, for the examination by the PT and assists with taking and recording the patient's range of motion and strength. PTA also assists with various transfers in and out of chairs, up and down on treatment table and in the safe assessment of use of stairs, and other functional activities.
13	Patient 2	Compression fracture as result of injury.	Compression fracture, knee osteoarthritis, unstable balance.	Compression fracture, bone cancer, 84 years old, at risk for falls (poor balance), lives by herself, walks with cane, stairs to enter house and stairs within house. Was in hospital for 2 weeks, so has generalized bed rest.	
14	PT Asst working with PT	PTA helps position the patient, for the examination by the PT and assists with taking and recording the patient's range of motion and strength.	PTA helps position patient, and assists with taking and recording range of motion and strength for back and knee. PTA assists with positioning patient and maintaining position during examination and during some functional testing of stairs, and in and out of sitting.	PTA assists with taking and recording range of motion, strength and functional activity measures (ex: stairs, bathroom, hygiene transfers). PTA assists with positioning patient and maintaining position during examination. PTA also assists PT with making transitional movements during PT exams in order for PT to assess balance, proprioception and coordination.	

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

97X65: Occupational therapy evaluation, **low complexity**, requiring these components:

• An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem;

• An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and

• Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component.

Typically, XXX minutes are spent face-to-face with the patient and/or family.

97X66: Occupational therapy evaluation, **moderate complexity**, requiring these components:

• An occupational profile and medical and therapy history, which includes anexpanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance;

• An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and

• Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.

Typically, XXX minutes are spent face-to-face with the patient and/or family.

97X67: Occupational therapy evaluation, **high complexity**, requiring these components:

• An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance;

• An assessment(s) that identify 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and

• A clinical decision-making is of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component.

Typically, XXX minutes are spent face-to-face with the patient and/or family.

97X68: **Reevaluation** of occupational therapy established plan of care, requiring these components:
• An assessment of changes in patient functional or medical status with revised plan of care;
• An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and
• A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required.
Typically, XXX minutes are spent face-to-face with the patient and/or family.

Global Period: XXX Meeting Date: October 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:

A selection of occupational therapists reviewed the direct inputs for current codes 97003 and 97004, and used their clinical experience and those inputs to guide development of recommendations for direct inputs for codes 97X65-97X68.

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 code 97003 is used for the three new OT evaluation codes, 97X65-97X67.
- Current code 97004 is used for the new OT reevaluation code, 97X68.

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:

The AOTA believes there is compelling evidence that the clinical staff time for occupational therapy evaluation and reevaluation services have changed since the previous review in 2001. These changes can be attributed to several causes: the types of patients that are being seen; earlier access to OT services; paradigm shifts in medicine resulting in an increased emphasis on function and community integration; increased evidence in the literature supporting a more holistic focus of care; and an increase in documentation requirements. AOTA provides a separate document (attached) that provides a comprehensive review of these changes as they relate to both work RVUs and clinical practice expense inputs.

Clinical Staff Time

Row 27: We recommend an increase from 3 minutes to 5 minutes for 66X, and 67X. Patients with increasing complexities have functional mobility deficits that make it difficult to obtain vital signs; therefore, more time is needed.

Row 33: We recommend an incremental increase for obtaining measurements from 65X (4 minutes), through 66X (8 minutes), to 67X (12 minutes). Complexity of the patient dictates the amount of time necessary to carry out these activities (described in detail below).

Row 35: The current OT Assistant time for 97003 is 5 minutes and for 97004 is 3 minutes. As described in our separate compelling evidence document, required documentation has increased significantly. We are recommending that OT Assistant time is set at 15% of the recommended OT intra-service time.

Supplies

Row 64: We are recommending one additional supply item that is necessary and related to these services; multi-specialty visit pack (SA048).

Rows 68: We are also recommending an increase in units for antibacterial lotion (row 68) from 0 to 1. Interaction with the patients dictates a need for antibacterial lotion and soap.

We are recommending making the supplies consistent across the evaluation and reevaluation codes, and deleting from the reevaluation codes the following supplies: emery board (SK021); nail polish (SK049); pad, nail polish remover (SK053); and sanitizing cloth-wipe (patient)(SM021).

Equipment:

The equipment listed on the PE spreadsheet directly relates to the typical patient vignette and therefore includes only some items in a much larger range of standard equipment that would be found in an occupational therapy setting for evaluations or reevaluations.

Rows 83, 84, 85, 86: We are recommending four additional equipment items: environmental model – bathroom (new); balance assessment-retraining system, Balance Master (EQ068); neurobehavioral status improvement (EQ185); and kit, vision (new) based on the typical patient and vignettes used in the work survey.

97X65:
The patient is a 49-year old female who fell at home sustaining a closed distal radius fracture to the right dominant wrist. On her return visit to the physician (6 weeks later), she continued to have limited active range of motion (AROM) and was referred to occupational therapy for range of motion and strengthening. The patient lives alone and is having difficulty with some ADLs and IADLs.

Procedure: The occupational therapist reviews the occupational profile and the medical and therapy history. The OT assesses sensation, strength, range of motion and edema.

Kit, Sensory (EQ152): 2 Minutes
Sensation was normal and there were no vascular issues.

Kit, Motor Coordination (EQ151): 2 Minutes
Mild edema was assessed as being present in the wrist and digits. The OT evaluated her AROM and found it was within functional limits at the shoulder, but the assessment indicated tightness at the end ranges of flexion, abduction, and external rotation. Elbow AROM was within functional limits for extension and flexion. Wrist and forearm active range of motion was moderately limited.

Evaluation System for Upper Extremity – Hand (Greenleaf) (EQ117): 4 Minutes & rehab and testing system (BTE Primus) (EQ219): 3 minutes

Grip and pinch strength of right hand was decreased compared to the left non-dominant hand making it difficult for her to perform dressing and home management activities. The OT assesses ability to integrate muscle strength and coordination into daily life and work using the BTE.

The OT had the patient complete the Disabilities of the Arm, Shoulder and Hand assessment (DASH) with a score of 65/100 (35% impairment) and a pain level of 5/10. The patient indicated limitations including preparing a meal and washing her hair.

Environmental Module – Kitchen (EL002): 10 Minutes & kit, ADL (EQ143): 8 Minutes
The occupational therapist assesses the patient's performance of ADL's and IADL's in the kitchen using an ADL kit to assess the ability to integrate adaptive equipment into the patient's daily routine.

Based on the patient's occupational profile, history and assessment results, the OT develops a plan of care addressing performance deficits (e.g., gripping, manipulating) in ADLs and IADLs due to decreased active range of motion, decreased strength and increased edema. The therapist provides a report for the referring physician, outlining treatment goals, therapy frequency, amount, and duration.

97X66:

Vignette: A 68-year-old male presents with a right below knee amputation (BKA) and generalized weakness. His past medical history includes degenerative joint disease, diabetes mellitus (DM), depression, neuropathy, and diabetic retinopathy. He lives alone and has no structural home modifications (eg, bathroom). He ambulates with a walker, without a lower extremity (LE) prosthesis; he is fearful of falling in the kitchen and bathroom, and his inability to return to driving now makes accessing groceries and participation in community activities a challenge.

Procedure: The occupational therapist reviews the occupational profile and the medical and therapy history.

Table, Treatment, hi-lo (EF033): 10 minutes
The treatment table is used for unsupported sitting to initiate transfers and test strength as well as dynamic balance concerns following the BKA. The use of the table overlaps with other equipment below.

Kit, Sensory (EQ152): 3 minutes
Due to advanced DM and neuropathy, sensation is tested throughout extremities.

Evaluation System for Upper Extremity – Hand (Greenleaf) (EQ117): 4 Minutes, & rehab and testing system (BTE Primus) (EQ219): 3 minutes
The OT assesses upper extremity strength, fine motor coordination, grasp and pinch strength. The OT assesses sensation and motor control to prepare for a safe transfer. . The OT also assesses ability to integrate muscle strength and coordination into daily life and work using the BTE.

Kit, Motor Coordination (EQ151): 3 Minutes
Motor Coordination is assessed in preparation for formalized balance and transfer assessment.

Balance Assessment-retraining System (Balance Master) (EQ068): 8 minutes
Prior to initiating ADL assessment in modules, balance is formally tested to ensure patient and therapist safety and assess need for additional staff assistance depending on the patient's likely compensation needs.

Environmental Module – Kitchen (EL002): 11 minutes
Functional mobility, functional vision and scanning are assessed in the kitchen after the patient identifies fear of falling.

Kit, Vision (NEW): 3 minutes
Vision kit is used in conjunction with kitchen module to assess vision and visual perception related to safety in ADL and IADL tasks in his home.

Environmental Module – Bathroom (new):10 minutes
Assessments include toilet transfers, toileting including clothing maintenance, hygiene and decreased proximal stability and dynamic functional balance in short sitting, which limit the patient's ability to toilet. Transfers and hygiene require moderate assistance.

Kit, ADL (EQ143): 11 minutes
The ADL kit is used in conjunction with the kitchen and bathroom modules to assess the client's readiness and ability to integrate adaptive equipment into ADL performance.

Depression screening is negative. He is experiencing significant difficulty in daily activities, including mobility inside the house and in his garden. He also notes that he is having difficulty monitoring and maintaining his glucose levels due to change in activity level without modifying food intake. His low vision also affects his ability to administer insulin appropriately. Based on patient occupational profile, history and assessment results, the OT develops a plan of care addressing performance deficits, in dressing, mobility, toilet transfers with potential need for adaptive equipment, visual aids, and home modification. The therapist provides a report for the referring physician, outlining treatment goals, therapy frequency, amount, and duration.

97X67:

Vignette: A 29-nine-year-old male sustained a head injury while snowboarding, but continued snowboarding until he experienced a loss of consciousness. Medical evaluation showed a traumatic brain injury (TBI) with right-sided subdural hematoma. The patient’s medical history includes multiple previous concussions during high school.
Patient is a computer technician, active in many sports, who was living independently in an apartment prior to the TBI 12 weeks ago. He presents with weakness and incoordination in the left upper extremity, impulsiveness, socially inappropriate behavior, short term memory loss, balance impairment, and double vision impacting driving, functional mobility, meal preparation, and reading.

Procedure: The occupational therapist reviews the occupational profile and the medical and therapy history.

Table, Treatment, hi-lo (EF033): 15 Minutes
The hi-lo treatment table is used in conjunction with the equipment below to facilitate assessment of unsupported dynamic balance, righting reactions, tone and vestibular status.

Evaluation System for Upper Extremity-hand (Greenleaf) (EQ117): 5 minutes, & rehab and testing system (BTE Primus) (EQ219): 5 minutes

The occupational therapist performs multiple assessments, including ADL, range of motion, muscle testing, muscle tone, strength, and functional testing. The OT also assesses ability to integrate muscle strength and coordination into daily life and work using the BTE.

Kit, Motor Coordination (EQ151): 3 minutes
Gross and fine motor coordination are assessed to determine ability to safely complete ADLs and IADLs with or without adaptive equipment.

Kit, Sensory (EQ152): 3 minutes
Sensory discrimination is assessed secondary to brain injury.

The therapist identified performance problems in ADLs related to left-sided neglect, left UE weakness, decreased touch pressure sensation in left hand/forearm and pain.

Kit, Vision (new): 3 minutes
Visual scanning is assessed which identified left-sided visual inattention and environmental neglect to the left.

Environmental Module – Kitchen (EL002): 14 minutes
Executive function is assessed using the Executive Function Performance Test (EFPT) which showed multiple deficits in sequencing, initiation of tasks and safety/judgment. The EFPT includes simple meal preparation, meal clean-up and medication organization which are completed in the kitchen module. Following the EFPT, reach and retrieve, functional mobility while carrying kitchen items, and safety in the kitchen are also assessed.

Environmental Module – Bathroom (new): 14 minutes
Balance and vestibular status are assessed in the bathroom module to determine how underlying impairments impact functional transfers, safety awareness and ability to complete toileting and hygiene. Environmental barriers and facilitators are assessed in the bathroom to improve accuracy of patient recall and carry-over in home environment.

Kit, ADL (EQ143): 15 minutes
The ADL kit is used in conjunction with the kitchen and bathroom modules to assess the client's readiness and ability to integrate adaptive equipment into ADL performance.

Neurobehavioral Status Instrument (EQ185): 11 minutes
Loss of short-term memory, impulsivity, and decreased mental flexibility also are assessed. .

Based on patient occupational profile, history and assessment results, the OT develops a plan of treatment addressing performance and safety deficits in ADLs, including neuromuscular re-education (e.g., coordinating, positioning, bi-lateral standing activities), falls prevention training, pain reduction strategies, increasing left side body awareness, and training in compensatory strategies to improve memory and organizational skills and manage daily routines. The plan includes increasing left side body awareness, neuromuscular re-education, balance and falls prevention programming, pain reduction strategies, compensatory strategies to improve memory, organizational skills and daily routines. The therapist discusses safety issues with the caregiver and provides a report for the referring physician, outlining treatment goals, therapy frequency, amount, and duration.

97X68:

Vignette: A 66-year-old male with diagnosis of left cerebrovascular accident (CVA) and right hemiparesis and mixed aphasia is referred for a re-evaluation due to his improved functional mobility and change to living environment requiring new goals. He has been living with his son and daughter-in-law and primarily uses a wheelchair for mobility. He has been seen for 12 outpatient occupational therapy visits focusing on increasing independence in self-care activities and functional mobility skills. He will be returning to his own home and would like to return to working as an accountant.

Procedure:

Table, Treatment, hi-lo (EF033): 10 minutes
The hi-lo treatment table is used in conjunction with the equipment below to facilitate assessment of unsupported dynamic balance. Treatment table is also used to assess modified independent transfers.

Evaluation System for Upper Extremity-hand (Greenleaf) (EQ117): 3 minutes, & rehab and testing system (BTE Primus) (EQ219): 3 minutes
The occupational therapist completes a re-evaluation which includes assessment of active range of motion and strength. The OT also assesses ability to integrate muscle strength and coordination into daily life and work using the BTE.

Environmental Module – Kitchen (EL002): 9 minutes
The Executive Function Performance Test was administered to assess potential deficits in executive function and cognition related to home management and work.

Environmental Module – Bathroom (new): 9 minutes
Vision, perception, balance, and bilateral coordination are assessed with the patient progressing to a seated wheeled walker in the bathroom. Functional transfers and clothing maintenance are assessed with the new assistive mobility device.

Based on assessment results, the updated OT plan of care includes strategies to train cognitive, visual, motor and coordination skills to safely manage home and work activities in his new living environment.

An equation was not used to determine the equipment time; rather, we set the equipment times for the new CPT codes based on recommendations from the experience of occupational therapists on AOTA's Expert Coding Panel.

5. Please describe in detail the clinical activities of your staff:

Occupational Therapy Assistant: An OTA must graduate with an associate degree (two years, usually five semesters) from an accredited OTA program at a technical or community college, college, or university. Graduates must pass the national examination for licensing/certification/regulation in all states to be eligible to work. OTAs work under the direction of an occupational therapist (OT). Licensure or certification is required in each state in which an OTA works and must be renewed on a regular basis, with a majority of states requiring continuing education as a requirement for renewal. The OTA scope of work and supervision requirements are defined by the occupational therapy practice act in each state as well as by payer policy.

Occupational Therapy Aide: Training for this position is often gained on the job or through technical education programs.

Activity	Staff Type	Notes
SERVICE PERIOD		
Start: When patient enters office/facility for surgery/procedure:		
Greet patient, provide gowning, ensure appropriate medical records are available	PT/OT Aide (L023A)	The OT Aide will greet the patient and family and collect items provided or gather items needed for an evaluation. The Aide may also need to assist the patient with preparing materials, initiating or completing paperwork, and locating the area with the evaluation will start. The Aide will ensure that all records are available for this visit.
Obtain vital signs	PT/OT Assistant (L039B)	The OT Assistant will take vital signs including BP, height, weight, pulse, respiration rate, and measurements which contribute to the evaluation and underlying impairments. 65X and 68X will require 3 min. 66X and 67X will require 5 min.
Prepare room, equipment, supplies	PT/OT Aide (L023A)	Based on instructions from the OT and/or OT Assistant, the Aide will ensure necessary supplies, such as vision assessment kit, sensory assessment kit, cognitive assessment kit, as well as evaluation/testing forms are available. OT Aid will prep the kitchen and bathroom modules to ensure that all equipment needed for the individualized evaluation is available and setup. Standard 2 minutes is recommended.
Prepare and position patient/ monitor patient/ set up IV	PT/OT Aide (L023A)	The OT Aide will assist with positioning the patient in the module, on the hi-low table, or at the upper extremity assessment as indicated by the OT or the OT Assistant. The standard 2 minutes is recommended.
Other Clinical Activity - specify: **Obtain measurements**	PT/OT Assistant (L039B)	The OT Assistant will obtain medical, psychosocial, and medication history. Standardized assessment tools and a functional outcome tool are provided and explained to patient/family/caregiver. An occupational profile, comprehensive history regarding daily activity deficits, behavioral health issues, cognitive/executive function, and community mobility is taken and any indicated assessment tools are provided and explained.

Intra-service		
Assist physician in performing procedure (15%)	PT/OT Assistant (L039B)	The OT Assistant will assist the OT with the exam / evaluation which includes obtaining and recording measures. The recommended times are 15% of the OT intra-service time, as follows: 65X: 15% of OT intra-time of 30 min = 5 min 66X: 15% of OT intra-time of 45 min = 6.8 min 67X: 15% of OT intra-time of 60 min = 9 min 68X: 15% of OT intra-time of 30 min = 5 min The OT Assistant will provide assistance and support for the evaluation. This may include recording data used by the OT for interpretation, physical facilitation with the patient for performance assessment, and other assistance as needed throughout the evaluation.
Post-Service		
Clean room/equipment by physician staff	PT/OT Aide (L023A)	The OT Aide will clean all equipment surfaces and tools. Standard 3 minutes is recommended.
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	PT/OT Assistant (L039B)	Before patients leave the office, the OT will have developed a plan of care that will include home and community activity programs to initiative self-management skill development. The OT Assistant will review the plan of care instructions with the patients prior to the patient leaving the office.
POST-SERVICE Period- Patient leaves office		
Conduct phone calls/call in prescriptions	PT/OT Assistant (L039B)	When patients leave the office, they will have home and community activity programs to initiate self-management skill development. It is very common for patients/family/caregivers to contact the office with questions post-evaluation. To account for at least one phone call, we recommend 2 minutes.

	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.**			**97003**		**97003**		**97X65**	
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Occupational therapy evaluation **RUC database**		Occupational therapy evaluation **March 2001 RUC Rec**		Occupational therapy evaluation, low complexity, requiring these components: • An occupational	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**34.0**	**0.0**	**34.0**	**0.0**	**25.5**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
8	*pre-service clinical labor time*	L039B	PT/OT Assistant	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**
9	*pre-service clinical labor time*	L023A	PT/OT Aide	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**34.0**	**0.0**	**28.0**	**0.0**	**22.5**	**0.0**
11	*service period clinical labor time*	L039B	PT/OT Assistant	**21.0**	**0.0**	**18.0**	**0.0**	**13.5**	**0.0**
12	*service period clinical labor time*	L023A	PT/OT Aide	**13.0**	**0.0**	**10.0**	**0.0**	**9.0**	**0.0**
13	**TOTAL POST-SERV CLINICAL LABOR TIME**	L039B	PT/OT Assistant	**0.0**	**0.0**	**2.0**	**0.0**	**3.0**	**0.0**
14	**PRE-SERVICE**								
15	**Start: Following visit when decision for surgery or procedure made**								
16	Complete pre-service diagnostic & referral forms								
17	Coordinate pre-surgery services								
18	Schedule space and equipment in facility								
19	Provide pre-service education/obtain consent								
20	Follow-up phone calls & prescriptions								
21	Other Clinical Activity - specify: Review/read documentation, plan of care, treatment goals	L039B	PT/OT Assistant			**1**			
22	Other Clinical Activity - specify: Verify/Coordinate availability of resources/equipment	L023A	PT/OT Aide			**3**			
23	**End: When patient enters office/facility for surgery/procedure**								
24	**SERVICE PERIOD**								
25	**Start: When patient enters office/facility for surgery/procedure:**								
26	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	PT/OT Aide			**3**		**3**	
27	Obtain vital signs	L039B	PT/OT Assistant			**3**		**3**	
28	Provide pre-service education/obtain consent								
29	Prepare room, equipment, supplies	L023A	PT/OT Aide			**2**		**1**	
30	Setup scope (non facility setting only)								
31	Prepare and position patient/ monitor patient/ set up IV	L023A	PT/OT Aide			**2**		**2**	
32	Sedate/apply anesthesia								
33	Other Clinical Activity - specify: **Obtain measurements**	L039B	PT/OT Assistant			**8**		**4**	
34	**Intra-service**								
35	Assist physician in performing procedure (15%)	L039B	PT/OT Assistant			**5**		**5**	
36	Assist physician/moderate sedation (% of physician time)								
37	**Post-Service**								
38	Monitor pt. following moderate sedation								
39	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
40	Clean room/equipment by physician staff	L023A	PT/OT Aide			**3**		**3**	
41	Clean Scope								
42	Clean Surgical Instrument Package								
43	Complete diagnostic forms, lab & X-ray requisitions								
44	Review/read X-ray, lab, and pathology reports								
45	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L039B	PT/OT Assistant			**2**		**2**	
46	Other Clinical Activity - *specify:*								
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	

	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.**			**97003**		**97003**		**97X65**	
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Occupational therapy evaluation **RUC database**		Occupational therapy evaluation **March 2001 RUC Rec**		Occupational therapy evaluation, low complexity, requiring these components: • An occupational	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**								
51	**POST-SERVICE Period**								
52	**Start: Patient leaves office/facility**								
53	Conduct phone calls/call in prescriptions	L039B	PT/OT Assistant			**2**		**3**	
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# 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**	**0.0**	**0.0**	**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	item					**1**	
65	applicator, cotton-tipped, non-sterile 6in	SG008	item	**1**				**1**	
66	cotton balls, non-sterile	SG030	item	**3**				**3**	
67	disinfefctant, surface (Envirocide, Sanizide)	SM013	item	**2**				**2**	
68	lotion, antibacterial	SM020	item	**0**				**1**	
69	emery board	SK021	item						
70	nail polish	SK049	item						
71	pad, nail polish remover	SK053	item						
72	sanitizing cloth-wipe (patient)	SM021	item						